

MDR Tracking Number: M5-03-2137-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on April 28, 2003.

The dispute was received on April 28, 2003, therefore, per Rule 133.308 (e)(1), date of service 4/25/02 is untimely and is not eligible for review.

Dates of service 7/1/02 through 7/12/03 were **withdrawn** the requester's representative \_\_\_\_\_. Therefore a findings and decision will be rendered addressing only the medical necessity issues.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with § 133.308(r)(9), the Commission hereby Orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the Order, the Commission will add 20-days to the date the Order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The therapeutic exercises, neuromuscular re-education, office visits, aquatic therapy, and range of motion testing were found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the therapeutic exercises, neuromuscular re-education, office visits, aquatic therapy, and range of motion testing charges.

This Findings and Decision is hereby issued this 7<sup>th</sup> day of November 2003.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division  
MQO/mqo

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 4/29/02 through 6/11/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 7<sup>th</sup> day of November 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division  
RL/mqo

NOTICE OF INDEPENDENT REVIEW DECISION

June 25, 2003

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-2137-01  
IRO Certificate #: IRO4326

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient injured his right knee on \_\_\_ while loading mail onto an airplane. He hit his knee on the side of the jet veyor and immediately had sharp pain and swelling. He subsequently had arthroscopic surgery on 09/06/01 for synovectomy, excision of loose bodies, and partial meniscectomy. His pain continued post operatively and he eventually had a second surgery for reconstruction of an anterior cruciate ligament tear on 01/07/02. He had a prolonged course of physical therapy post operatively.

Requested Service(s)

Therapeutic exercises, neuromuscular re-education, office visits, aquatic therapy, and range of motion (ROM) testing from 04/29/02 through 06/11/02

Decision

It is determined that the therapeutic exercises, neuromuscular re-education, office visits, aquatic therapy, and range of motion (ROM) testing from 04/29/02 through 06/11/02 were medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The patient underwent a physical therapy assessment on 01/17/02 and began a course of aquatic therapy, straight leg raising, and ice/electrical stimulation. He was re-evaluated on 02/14/02 and the report indicated that he had just begun to weight bear on the affected limb and 02/14/02 was his first full day without crutches. He was treated with aquatic therapy, therapeutic exercises, range of motion exercises, and strengthening exercises.

The patient underwent another physical therapy assessment on 03/12/02 and the patient indicated his knee was more stable but he still did not trust it. The evaluation revealed increased strength, range of motion, and decreased edema.

The patient was subsequently reassessed on 04/09/02 and the assessment report indicated that ranges on motion and strength were increased, but had not reached normal levels. The patient was taken out of aquatic therapy and placed in active care. Re-evaluations on 05/09/02 and on 06/06/02 revealed modest increases in knee function. The patient was transferred to a work hardening program at this point.

The treatments from 04/29/02 through 06/11/02 were medically necessary in light of the fact that the patient had two prior knee surgeries and had only been fully weight bearing since 02/14/02. The evaluations revealed functional deficits that required further physical therapy intervention. Therefore, it is determined that the therapeutic exercises, neuromuscular re-education, office visits, aquatic therapy, and range of motion (ROM) testing from 04/29/02 through 06/11/02 were medically necessary.

Sincerely,