

NOTICE OF INDEPENDENT REVIEW DECISION

Date: July 1, 2003

RE: MDR Tracking #: M5-03-2249-01
IRO Certificate #: 5242

FORTE 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 FORTE for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

FORTE has performed an independent review of the proposed 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 Chiropractic physician reviewer. The Chiropractic physician reviewer 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

According to the documentation supplied, it appears that the claimant injured her back and knees while falling down on 08/01/2001 after trying to step over some children. She began treatment with _____ who began an aggressive and extensive chiropractic therapy program. The claimant was also referred for injections for her knee and was prescribed pain medications. There were multiple diagnostic tests performed, which revealed many underlying conditions. The claimant was seen for an independent medical exam evaluation on 10/04/2001 with _____ who felt she had a sprain/strain superimposed over some pre-existing conditions. _____ felt the claimant had sprain/strains and could work light duty, but may need left knee arthroscopy. The claimant continued chiropractic care and continued to get injections and medications. On 02/29/2002, _____ performed a designated doctor exam. _____ felt the claimant would have benefited from the arthroscopy that was suggested previously, but since no surgery was performed, the claimant was at maximum medical improvement with a whole person impairment of 11%. The claimant continued to receive passive and active modalities from _____.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including if the office visits and physical therapy sessions were medically necessary rendered between 09/04/2002 through 01/03/2003.

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I agree with the insurance company that the services rendered between 09/04/2002 – 01/03/2003 were not medically necessary.

Rationale/Basis for Decision

The claimant fell on 08/___/2001 and apparently aggravated some pre-existing conditions. Both independent exams that were performed on the claimant reported that she had a sprain/strain with a medial meniscus tear. The claimant underwent an adequate trial of therapy for her sprain/strain and was treated long enough for her to transition to a home-based exercise program. Since the claimant was never seen for surgical consult, the claimant has probably missed her opportunity for any possible needed surgery. The claimant had several injections for her knee complaints. The supplied documentation from the treating doctor did not provide sufficient documentation of the need for therapy one year post-injury. The active and passive therapy rendered was not medically necessary in the claimant's work injury. The therapy that the claimant received prior to 09/04/2002 was sufficient enough to see if she would respond favorably to conservative care.