

MDR Tracking Number: M5-03-2372-01

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 May 23, 2003.

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 electrical stimulation (unattended), hot or cold packs were not found to be medically necessary. The therapeutic exercises, aquatic therapy, manual electrical stimulation, group therapeutic procedures were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for electrical stimulation (unattended), hot or cold packs, therapeutic exercises, aquatic therapy, manual electrical stimulation, group therapeutic procedures charges.

This Findings and Decision is hereby issued this 23<sup>rd</sup> day of October 2003.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

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 10/29/02 through 12/13/02 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 23<sup>rd</sup> day of October 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

MQO/mqo

August 26, 2003

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

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\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

#### CLINICAL HISTORY

\_\_\_ was working as a school teacher in the \_\_\_ when she did some form of jump and injured both knees. She was initially bound to a wheelchair for 2 weeks, then progressed to crutches. She initially was treated by \_\_\_ and was treated with mobilization, electrical stimulation and ultrasound. She was then referred to \_\_\_ for aquatic therapy due to the nature of the injury. She was treated from October 29, 2002 through December 13, 2002 by the \_\_\_ and records indicate that treatment decreased pain levels from a level 6 to level 1. The requestor indicates that significant gains were made in strength. MRI of the right knee indicated a

Grade III horizontal oblique tear of the posterior horn of the lateral meniscus. MRI of the left knee was normal.

#### DISPUTED SERVICES

Under dispute is the medical necessity of physical medicine treatment and aquatic therapy from 10/9/02 through 12/13/02.

#### DECISION

The reviewer agrees with the prior adverse determination for codes 97010 and 97014.

The reviewer disagrees with the prior adverse determination for all other care.

#### BASIS FOR THE DECISION

The care rendered on this case clearly had a positive effect on this patient's functional ability. With an injury such as this, which put the patient into immobility for a short time, returning the patient to normal strength and functional capacity is at best difficult. Aquatic therapy and the exercises associated with that treatment helped this patient's pain level decrease to a level near normal. I see no indication that surgery was performed on this case, and as a result I feel that the passive care of muscle stimulation and thermal packs are excessive on this case. Otherwise, the treatment rendered helped this patient significantly and would be considered a reasonable plan for this patient's condition.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,