

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined, the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 office visits, therapeutic procedures, ROM and reports from 10/31/02 through 1/9/03 were found to be medically necessary. The treatment/services rendered from 9/3/02 through 9/18/02 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visits, therapeutic procedures, ROM and report charges.

This Finding and Decision is hereby issued this 22<sup>nd</sup> day of July 2003.

Carol R. Lawrence  
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 9/3/02 through 1/9/03 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 22<sup>nd</sup> day of July 2003.

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

July 18, 2003

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

MDR Tracking #: M5 03 2393 01  
IRO #: 5251

\_\_\_ 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.

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

The injured worker in question was crossing a parking lot and caught his foot in a spike that was in the parking lot, causing him to twist his knee. The spike was present to avoid an entrance to the parking lot from an exit only area. He sought care from the \_\_\_. His treating doctor, \_\_\_, prescribed active and passive treatment for the patient. MRI was performed on August 7, 2002, which demonstrated a tear of the lateral meniscus and chondromalacia patella. The patient continued in conservative care until surgical intervention was deemed necessary and arthroscopy was performed on October 8, 2002. The surgeon on the case performed a partial meniscectomy on the knee. After the surgery, rehabilitation was begun again in the office of \_\_\_. Peer reviews by \_\_\_ and \_\_\_ denied the medical necessity of the treatment rendered. The carrier's position statement

indicates that the requestor did not file a written treatment plan as required under the 1996 Medical Fee Guidelines/Medical Ground Rule I, which the carrier's representative claims is a prerequisite for reimbursement.

## DISPUTED SERVICES

The carrier has denied the medical necessity of office visits, myofascial release, joint mobilization, manual traction, therapeutic procedures, range of motion testing, nerve conduction studies and required reports from September 3, 2002 through January 9, 2003.

## DECISION

The reviewer agrees with the prior adverse determination regarding dates of service of September 3, 2002 through September 18, 2002.

The reviewer disagrees with the prior adverse determination for all the remaining dates of service.

## BASIS FOR THE DECISION

I would agree with the peer reviews that were performed pre-surgical on this case. Clearly, this patient was treated with an attempt to prevent surgery, however it should have become clear to the treating doctor before 3 months post-injury that this patient was not responding to the care rendered. The care rendered after surgery was reasonable due to the serious nature of the patient's injury combined with the fact that a meniscectomy was performed. The care rendered on those disputed dates was active in nature and would be considered care that could help a patient regain full strength in his knee. The patient was tested with muscle testing on January 8, 2003 and this is a reasonable assessment of the patient's condition. As a result, care before the surgery is not necessary but the care after the surgery is considered a reasonable and necessary treatment plan in this case.

\_\_\_ 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,