

MDR Tracking Number: M5-03-2431-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the therapies, joint mobilization, myofascial release, manual traction, and therapeutic procedures were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that the therapies, joint mobilization, myofascial release, manual traction, and therapeutic procedure fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 7/18/02 to 9/19/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 23rd day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

July 18, 2003

Amended

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.

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 claimant on this case injured his knee on the job, resulting in pain and swelling in the left knee. The treating doctor on the case, ___, treated the patient with conservative care to include passive and active treatment. MRI was performed on July 1, 2002 and revealed a substantial amount of effusion and a lateral collateral ligament injury. There was also a suspected lateral meniscus tear. The treating doctor referred the patient to an orthopedic surgeon who recommended against surgery at that time and indicated that conservative care should continue. The patient underwent care until September 18, 2002, at which time he was placed at MMI with 4% impairment.

DISPUTED SERVICES

The carrier denies the medical necessity of joint mobilization, myofascial release, manual traction and therapeutic procedures from July 18, 2002 through September 19, 2002.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

While the carrier presents significant information from ___, this did not play into the decision significantly. The decision is based more on clinical documentation that showed the patient was not progressing enough to warrant ongoing care. Also, the requestor billed for manipulation services (joint mobilization) on this case, which would be contraindicated in the case of a torn meniscus. Overall, the documentation on this case does not prove that ongoing care was effective or reasonable. As a result, the reviewer must agree with the carrier's position on 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,