

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 6-10-02.

The Medical Review 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 physical medicine treatment and office visits 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 Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 6-19-02 through 8-16-02 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 13th day of November 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division
DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

Date: November 5, 2003

RE: MDR Tracking #: M5-03-2502-01
IRO Certificate #: 5242

___ 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 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 who has an ADL temporary exemption. 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

It appears the claimant suffered alleged right knee injury while working for a hardware store or warehouse when he fell to his knees while lifting a box of material. The claimant underwent an MRI evaluation of the right knee and this did demonstrate a posterior cruciate ligament tear. The claimant saw ___ and it was felt by ___ that surgery was not indicated because he felt that the claimant's condition would not be significantly improved from posterior cruciate ligament reconstruction. The claimant only reportedly had a grade I instability of the ligament. The claimant also began chiropractic care with ___ on or about 3/8/03 and has received voluminous amounts of rehabilitation and has undergone subsequent follow ups with ___. The claimant has also participated in a work hardening program which appears to have begun on 8/19/02. He completed about 20 sessions. Further work hardening was denied through the pre-authorization process. The claimant was found to be at maximum medical improvement on 8/13/02 with 3% whole body impairment rating due to the posterior cruciate ligament tear. Several chiropractic follow ups and physical therapy notes were reviewed in preparation of this decision. Several follow ups from ___ through October 2002 were also reviewed in preparation for this decision.

Requested Service(s)

The medical necessity of outpatient services to include physical medicine services and office visits from 6/19/2002 – 8/16/2002.

Decision

I agree with the insurance carrier and find that the services in dispute were not medically necessary for treatment of this particular injury.

Rationale/Basis for Decision

Although posterior cruciate ligament and anterior cruciate ligament tears do not always manifest themselves very obviously in the clinical setting, they do require rehabilitation of the supporting structures. In this case, however, the rehabilitation has been overly extensive and rather protracted. The improvements which were noted in range of motion have occurred over time; however, the overall improvements have not justified the protracted treatment. There is no question that this claimant was entitled to appropriate rehabilitation; however, the small improvements in range of motion with none to minimal documented changes in strength and without a return to work over time did not justify the extensive and protracted care. The claimant has received more than the appropriate amounts of passive and active care through early June 2002 such that he could have performed some type of gainful employment much sooner than he did. The employer reportedly offered the claimant a bona fide job offer at the sedentary to light duty level; however, the claimant inexplicably refused this offer.

The functional capacity exams from 7/15/02 through 9/18/02 showed none to minimal gains in strength. The reasonableness and medical necessity of care should be based on significant progression not minimal to no changes. The overall improvements have been minimal. The carrier has acted in good faith by reimbursing the treating doctor for at least 34 visits and 20 work hardening sessions were also reimbursed. I have reviewed the initial reports and subsequent reports from ___ and ___ throughout the treatment plan of this claimant. The documentation is somewhat conflicting when comparing the notations from both of these providers. On 4/1/02 ___ stated that "the claimant was able to fully extend his right knee." ___ on 4/24/02 documented the claimant could flex his knee to 108°. It should also be noted that the Fourth Edition of the AMA Guides to the Evaluation of Permanent Impairment consider 110° of knee flexion to be normal. At any rate, lower extremity strength was continuously and consistently documented by ___ to be normal at +5/5. ___ did document some posterior cruciate ligament laxity throughout his visits from 4/1/02 through 10/7/02, yet this finding did not change despite the voluminous amounts of rehabilitation. The claimant's range of motion also remained the same according to ___ from April through October 2002. Overall I have not been too impressed with the progression that the claimant has made. He was not returned to work although he did receive a bona fide job offer. The injury was essentially some posterior cruciate ligament laxity as treatment for laxity and tears that are not producing very much instability is essentially the same.