

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER: 453-04-0679.M5

MDR Tracking Number: M5-03-2750-01

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 June 30, 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 physical therapy and office visits were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for therapy and office visits charges.

This Findings & Decision is issued this 26th day of August 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

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 9/11/02 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 26th day of August 2003.

David R. Martinez, Manager
Medical Review Division
DRM/mqo

August 21, 2003

Re: MDR # M5-03-2750-01

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic Medicine.

Clinical History:

This male claimant was injured in a work-related accident on ____. He underwent an arthroscopic procedure for his left knee on 08/23/02. A post-surgical rehabilitation program was performed. He was placed at MMI by a designated doctor on 02/27/03, with a 4% impairment rating.

Disputed Services:

Physical therapy and office visits during the period of 09/11/02 through 01/09/03.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the physical therapy and office visits were medically necessary in this case.

Rationale:

A post-surgical rehabilitation program was begun following surgical intervention. Both the treating doctor and the surgeon recommended rehab. Case management of the patient was performed monthly by the surgeon, who indicated continuation of the post-surgical rehabilitation program.

An additional MRI of the left knee on 12/19/02 confirmed the need for the patient to continue a vigorous, active physical therapy program to rebuild the mineralization and bony structures of the left knee. Sufficient documentation on each date of service was provided that includes subjective, objective assessment, and plan to warrant such a program.

National treatment guidelines allow for a post-surgical rehabilitation program. The guidelines usually allow two to three months of post-surgical treatment; however, on

occasion, where there are additional complicating factors and continued objective examination findings, four months of rehabilitation is allowed. Such is the situation in this case. The treatment services during the period of 09/11/02 through 01/09/03 were reasonable, customary and medically necessary for the treatment of this patient's injury.

According to Texas Labor Code 408:021(a), an employee is entitled to the care reasonably required in association with their injury and the treatment thereof. If the patient's condition is not stable, the care to maintain and promote healing is medically necessary.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,