

MDR Tracking Number: M5-03-2766-01

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 26, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the medical necessity issues. 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 office visits and physical therapy for dates of service 7/19/02 through 8/22/02 **were found to be medically necessary**. The cryopack and analgesic balm for date of service 8/14/02 **were not found to be medically necessary**. The respondent raised no other reasons for denying reimbursement of the office visits, physical therapy, cryopack and analgesic balm charges.

This Findings and Decision is hereby issued this 11th day of September 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 7/19/02 through 8/22/02 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 11th day of September 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/mqo

NOTICE OF INDEPENDENT REVIEW DECISION

September 4, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking # M5-03-2766-01
IRO Certificate # IRO 4326

___ 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 rendered 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional 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

This patient sustained injuries to bilateral knees and right wrist on ___ when she was running from a fire and was knocked forward by a blast. She initially saw a physician referred by her employer who did not send her for therapy. The patient then changed treating doctors and began chiropractic treatments and physical therapy. She underwent two arthroscopies for chondroplasty and lateral release; her right knee on 01/24/01 and her left on 09/05/01. She also had lacerations of triangular fibrocartilage reconstruction right wrist on 08/03/01 and left wrist on 04/17/02.

Requested Service(s)

Office visits, physical therapy, cryopack, and analgesic balm from 07/19/02 through 08/22/02

Decision

It is determined that the office visits and physical therapy from 07/19/02 through 08/22/02 were medically necessary to treat this patient's condition. However, it is determined that the cryopack and analgesic balm were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient began her course of physical therapy on 05/15/02 with treatments consisting of grip strengthening and digiflex exercises as well as active and passive range of motion (ROM). She progressed to weight resistance exercises on 06/26/02.

The office visits and physical therapy administered from 07/19/02 through were medically necessary to treat this patient. She had begun her active resistance training post-surgically on 06/26/02 and the office visits were necessary for completion of the patient's post-surgical rehabilitation. Haldeman indicate that it is beneficial to proceed to the rehabilitation phase of care as rapidly as possible to minimize dependence on passive forms of treatment/care and reaching the rehabilitation phase as rapidly as possible and minimizing dependence on passive treatment usually leads to the optimum result. (*Haldeman, S., Chapman-Smith, D., and Petersen, D., Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen, Gaithersburg, Maryland, 1993*).

The large cryopack and analgesic balm prescribed from 07/19/02 through 08/22/02 were not medically indicated as the medical records reviewed did not demonstrate medical necessity for the prescribed items. Therefore, it is determined that the office visits and physical therapy from 07/19/02 through 08/22/02 were medically necessary. However, it is determined that the cryopack and analgesic balm prescribed from 07/19/02 through 08/22/02 were not medically necessary.

Sincerely,