

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION:

SOAH DOCKET NO. 453-04-0842.M5

MDR Tracking Number: M5-03-2824-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 7-03-03.

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 requestor submitted a letter of withdrawal for disputed date of service 10-23-02 which was denied for relatedness. The office visits, electrical stimulation, ultrasound, massage, therapeutic exercises, muscle energy technique, myofascial release, joint mobilization, office visits w/manipulations, and hot/cold packs on 8-12-02 through 10-14-02 were found to be medically necessary. The office visits on 12-5-02 and 1-10-03 were not found to be medically necessary. The respondent raised no other issues for denying reimbursement for the above listed services.

The above Findings and Decision are hereby issued this 11th day of September 2003.

Dee Z. Torres
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 8-12-02 through 10-14-02 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/dzt

REVISED 9/11/03

August 20, 2003

MDR Tracking Number: M5-03-2824-01
IRO Certificate # 5259

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

___ was injured in an on-the-job accident on ____. He was first treated by ___ and then changed to ___ for treatment. Surgery was performed on 7/30/03 consisting of arthroscopy of the left knee. Post surgical rehab began on 8/7/03.

REQUESTED SERVICE (S)

Medical necessity of the therapeutic procedures performed between the dates of 8/12/02 through 10/14/02, 12/5/02, and 1/10/03.

DECISION

Approve treatment dates 8/12/02 through 10/14/02. Deny 12/5/02 and 1/10/03.

RATIONALE/BASIS FOR DECISION

In ___ report dated 8/5/02, he does state the necessity for physical therapy of 4-6 weeks duration following any surgical intervention. The surgeon, ____, in his report dated 8/15/02, referred the patient back to physical therapy for 'strengthening quadriceps rehab.' ___ chose to perform such therapy in his office. The therapies utilized are in line with the recommendations made by ____. In his notes dated 8/30/02, ___ noted the patient reporting 'a pop in the lateral aspect of the knee' along with a corresponding increase in pain. Such an event indicates an exacerbation of the patient's condition and additional treatment would be a reasonable expectation. This addresses the dates of 8/12/02 through 10/14/02. The two remaining dates of 12/5/02 and 1/10/03 are not medically necessary due to them being case management decisions which did not require a patient visit. The evidence for this decision is found clearly within the case itself.