

MDR Tracking Number: M5-03-2827-01

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 July 8, 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 \$650.00** 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 chiropractic evaluations, analysis and chiropractic treatments from 7/8/02 through 3/11/03 were not found to be medically necessary. The therapeutic treatments (range of motion exercises, electrical stimulation, strengthening patellar taping, gait training and modalities to reduce inflammation, and associated DME, and transportation from 7/8/02 through 3/11/03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the chiropractic evaluations, analysis and chiropractic treatments, therapeutic treatments (range of motion exercises, electrical stimulation, strengthening patellar taping, gait training), and modalities to reduce inflammation, associated DME, and transportation charges.

This Findings and Decision is hereby issued this 9th day of December 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 7/8/02 through 3/11/03 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 9th day of December 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/mqo

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION AMENDED

November 20, 2003

Re: IRO Case # M5-03-2827-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in OrthopedicSurgery, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 27-year-old male who injured his right knee in ___ when he suffered a direct blow to the knee from a tractor. The mechanism of injury was a blow to the lateral side of the knee causing a valgus injury.

Initial evaluation of the knee revealed medial joint line tenderness. A 5/4/01 MRI revealed

evidence of an MCL sprain (possible tear) with chondral irregularity of the medial femoral condyle.

Initially surgical treatment with arthroscopy was recommended to treat the medial chondral lesion.

The patient elected to proceed with nonoperative management of the knee, and was treated with physical therapy and a steroid injection of the right knee. The patient was eventually declared to be at MMI and underwent impairment evaluation on 2/18/02 and 3/8/02. On 5/15/02 the patient initiated treatment with the treating chiropractor. Initial treatment recommendations included therapy for the right knee with electrical stimulation and cryotherapy as well as a restoration of normal spinal biomechanics. A repeat MRI of the knee was performed on 5/6/02. MRI findings demonstrate an intact MCL with evidence of previous injury, no meniscal tears, and significant chondromalacia involving the patella. The patient was referred to an orthopedic surgeon for further evaluation. On 5/29/03 the patient presented to the orthopedist complaining of pain and a feeling of instability in his knee. The orthopedic surgeon recommended continued exercise therapy with quadriceps strengthening, a hinged knee brace, and a diagnostic arthroscopy of the right knee. The patient returned to the treating DC for continued therapeutic exercises and modalities. The patient underwent multiple chiropractic evaluations and therapeutic sessions from 6/3/02 until 9/23/02. He underwent arthroscopic knee surgery on 10/31/02. Findings at the time of arthroscopy revealed a patellar chondral injury, multiple chondral loose bodies, no femoral condylar lesions, and no meniscal cartilage injury. The collateral and cruciate ligaments were noted to be intact on the operative report. The patient resumed chiropractic treatments and therapy post surgery until 1/20/03, and was then placed in a work hardening program by the treating DC. The patient was followed by the orthopedic surgeon post surgery. The patient underwent another designated doctor exam on 1/13/03 and was declared to be at MMI. The chiropractic care from 6/3/02 to 3/11/03 has been denied by the carrier as medically unnecessary.

Requested Service(s)

Therapeutic activities, therapeutic procedures, neuromuscular education, noner transp and reports 7/8/02 – 3/11/03

Decision

I agree with the carrier's decision to deny the requested reports, chiropractic evaluations and analysis and chiropractic treatments 7/8/02-3/11/03, and I disagree with the decision to deny the therapeutic treatments (which would include range of motion exercises, electrical stimulation, strengthening patellar taping, gait training and modalities to reduce inflammation, and associated DME, and transportation) 7/8/02-3/11/03.

Rational

Based on the records provided for this review, there is no medical indication for the repeated chiropractic evaluations and chiropractic treatments that were given to the patient for the care of his right knee. The patient was evaluated by an orthopedic surgeon, and surgery was recommended on 5/29/02. The patient did not want to proceed with surgery at that time. Physical therapy was recommended as a conservative treatment measure.

If the patellar chondral injury is considered to be related to the work injury, then the physical therapy treatments provided for the right knee as a conservative measure 7/8/02-8/26/02 were indicated. After surgery on 10/31/03 it was appropriate and indicated for the patient to undergo supervised physical therapy three times per week for up to two months after surgery. These treatments include quadriceps strengthening, patellar taping, electrical stimulation, range of motion exercises, gait training and modalities to reduce inflammation. Chiropractic evaluations would not be indicated on a weekly basis for a chondral injury of the knee.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,