

MDR Tracking Number: M5-03-2865-01

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 10, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. 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 **medical necessity was the only issue** to be resolved. The office visits, special reports, group therapeutic procedure, therapeutic exercises, joint mobilization, myofascial release from 7/11/02 through 7/15/02 **were found to be medically necessary**. The services rendered from 7/16/02 through 8/8/02 **were not found to be medically necessary**. The respondent raised no other reasons for denying reimbursement of office visits, special reports, group therapeutic procedure, therapeutic exercises, joint mobilization, and myofascial release charges.

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 7/11/02 through 7/15/02 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 26<sup>th</sup> day of August 2003.

Margaret Q. Ojeda  
Medical Dispute Resolution Office  
Medical Review Division

MQO/mqo

August 22, 2003

Re: Medical Dispute Resolution  
MDR #: M5-03-2865-01

\_\_\_ 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 claimant suffered an injury to his low back, left knee and ankle in a work-related accident on \_\_\_\_\_. He began conservative therapy and underwent two MRI's that showed meniscal degeneration, Grade 2, and chronic tendinosis of the patellar tendon with indications of an ACL sprain. The patient underwent a bone scan on 03/26/02, followed by arthroscopic surgery on 05/01/02 that revealed a medial and lateral meniscal tear and a Grade 3 chondromalacia. He also had three injections of hyaluronic acid. He was set at Maximum Medical Improvement on 10/25/02 at a 4% rating.

**Disputed Services:**

Office visits, therapeutic procedures-group, joint mobilization and myofascial release during the period of 07/11/02 through 08/08/02.

**Decision:**

The reviewer partially agrees with the determination of the insurance carrier and is of the opinion that the office, treatments and procedures from 07/11/02 through 07/15/02 were medically necessary. Such services rendered from 07/16/02 through 08/08/02 were not medically necessary in this case.

**Rationale:**

The documentation provided for review indicates that the treatments provided were within acceptable treatment protocols. The question at hand is one of whether or not the treatments were necessary and beneficial to the improvement of the patient's condition. It is customary to perform a minimum of eight weeks of rehab post-operatively to the injured area. It is also occasionally necessary to extend the treatment regimen beyond the customary eight weeks.

However, it is not clearly documented in this case that rehab was significantly improving the patient's condition, and no objective evidence was provided to substantiate such an extension. Therefore, assuming the post-operative rehab began on or around 05/15/02, as stated in the records, any services provided after 07/15/02 were not medically necessary; but, all services on or prior to 07/15/02 were medically necessary.

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,