

MDR Tracking Number: M5-03-2935-01

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, 133.307 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. This dispute was received on July 14, 2003.

The IRO reviewed office visits, aquatic therapy, ultrasound, electrical stimulation, joint mobilization, and physical therapy rendered 1/14/03 through 2/20/03 denied based upon "U".

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 \$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.

The office visits, ultrasound, electrical stimulation, joint mobilization and physical therapy from 1/14/03 through 2/20/03 were found to be medically necessary.

The aquatic therapy rendered from 1/14/03 through 2/20/03 was not found to be medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On October 7, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

<b>DOS</b>	<b>CPT CODE</b>	<b>Billed</b>	<b>Paid</b>	<b>EOB Denial Code</b>	<b>MARS</b>	<b>Reference</b>	<b>Rationale</b>
1/16/03	97014	\$25.00	\$0.00	F	\$15.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	The requestor did not submit relevant information to support delivery of service. Therefore reimbursement is not recommended for the charges in dispute.

	97265	\$45.00	\$0.00	F	\$43.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(c), (I)(A)(10)(a)</u>	The requestor did not submit relevant information to support delivery of service. Therefore reimbursement is not recommended for the charges in dispute.
1/21/03	97035	\$50.00	\$0.00	F	\$22.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(b), (I)(A)(10)(a-b)</u>	The requestor did not submit relevant information to support delivery of service. Therefore reimbursement is not recommended for the charges in dispute.
2/14/03	97113	\$110.00	\$0.00	No EOB	\$52.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(b), (I)(A)(10)(a)</u>	The requestor & the respondent failed to submit copies of EOBs. Therefore the charge will be reviewed according to the <u>Medical Fee Guideline</u> . The SOAP note dated 2/14/03 supports delivery of service. Reimbursement is recommended in the amount of \$52.00.
TOTAL		\$230.00	\$0.00		\$132.00		The requestor is entitled to reimbursement of <b>\$52.00</b> .

**ORDER**

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 1/14/03 through 12/20/03 in this dispute.

This Order is hereby issued this 29<sup>th</sup> day of January 2004

Margaret Q. Ojeda  
 Medical Dispute Resolution Officer  
 Medical Review Division  
 MQO/mqo

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

September 17, 2003

**Re: IRO Case # M5-03-2935**

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 Orthopedic Surgery, 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 61-year-old female who began experiencing right knee pain after a twisting injury on \_\_\_. An MRI of the right knee reportedly indicated a tear of the posterior horn of the medial meniscus, a small Baker's cyst, and chondromalacia of the patella. The patient underwent arthroscopic right knee surgery with partial medial meniscectomy, lateral retinacular release and resection of the synovial plica on 12/31/03. The patient underwent an initial physical therapy evaluation on 1/13/03. The treatment plan was outlined to include modalities to reduce pain and inflammation, joint mobilization, and therapeutic exercises. A home exercise program was also issued. On 1/14/03, the patient was started on an aquatic therapy program consisting of knee strengthening and range of motion in an unloaded weight-bearing environment. On 1/20/03, it was noted that the patient was having pain with all weight-bearing activities; therefore, the aquatic therapy program was implemented. The patient continued physical therapy three times per week until 1/30/03. She resumed therapy on 2/12/03 until 2/20/03.

#### Requested Service(s)

Office visits, aquatic therapy, ultrasound, electrical stimulation, joint mobilization, physical therapy 1/14/03-2/20/03

Decision

I disagree with the carrier's decision to deny the requested treatment, except for the aquatic therapy for all dates in dispute.

I agree with the decision to deny aquatic therapy.

Rationale

It is within the standard of care to undergo outpatient physical therapy up to three times per week for six weeks following arthroscopic knee surgery. The patient had a lateral retinacular release for significant chondromalacia of the patella. The rehabilitation following this procedure often requires consistent range of motion and quadriceps strengthening following surgery. The rehabilitation after this procedure is often difficult during the early phases after surgery and usually requires supervision. The treating physician did not prescribe aquatic therapy. No evidence was included in the documentation provided that the patient would not have done as well with land-based therapeutic exercises.

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

Sincerely,