

MDR Tracking Number: M5-03-2964-01

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 December 12, 2002.

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(q)(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 MRI was found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the MRI charge.

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 date of service 5/29/02 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 16th day of October 2003.

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

October 14, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

The patient was injured while walking with a student when she fell and injured her neck, low back and right knee. She initially was treated at ___ and later began treatment at the office of ___. Plain film X-Ray taken at his office was reviewed by ___ a chiropractic radiologist, and he noted moderate to severe degeneration of the right knee on an AP and lateral view. He noted a possible Pelligrini-Stieda disease as differentiated from a hairline fracture of the medial epicondyle at the attachment of the medial collateral ligament. There was also swelling at the medial epicondyle, as well. MRI was ordered by the treating doctor and a Grade III chondromalacia of the medial patella facet along with Grade III chondromalacia of the medial femoral condyle were present. There was also joint effusion and some tendonitis present. The patient was also examined by ___ who diagnosed a contusion to the medial condyle along with condromalacia patella, post-traumatic in nature.

DISPUTED SERVICES

Under dispute is the medical necessity of an MRI to the right knee.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The MRI would be performed by a reasonable person in this case because of the inability of the plain films to detect such a small fracture, if one existed. The indicators from the plain film were that there was a possibility not only of an osseous injury but also of a soft tissue disruption. The treating doctor appropriately referred this case for MRI examination considering these indicators of likely pathology along with the history of this case including direct trauma to the knee. As a result, the service is found to be reasonable and necessary.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,