

MDR Tracking Number: M5-03-3095-01

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 28, 2003.

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 electrical stimulation, massage therapy, spray-and-stretch, office visits, aquatic therapy, and therapeutic exercises were found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the electrical stimulation; massage therapy, spray-and-stretch, office visits, aquatic therapy, and therapeutic exercises 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 5/1/03 through 6/4/03 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 12th day of September 2003.

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

September 11, 2003

Re: MDR #: M5-03-3095-01
IRO Certificate No.: IRO 5055

___ 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:

The patient sustained an on-the-job injury to his left knee on ____. An MRI on 05/02/03 showed a subtle medial meniscal tear to the posterior horn and body of the inferior articular extension.

Disputed Services:

Electrical stimulation, massage therapy, spray-and-stretch, office visits, aquatic therapy, and therapeutic exercised from 05/01/03 through 06/04/03.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The services in question were medically necessary in this case.

Rationale:

The documentation suggests that the patient did suffer a contusion to the left knee on ____. Therefore, based on accepted lower extremity treatment guidelines and my own professional experience, the documented therapies provided are consistent with normal treatment protocols for a sprain/strain to the knee and were medically necessary for this patient's condition.

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,