

MDR Tracking Number: M5-03-3250-01

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 August 12, 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 \$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 therapeutic exercises, myofascial release and phonophoresis were found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the therapeutic exercises, myofascial release and phonophoresis 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 11/4/02 through 11/15/02 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 14th day of November 2003.

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

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

November 11, 2003

Re: IRO Case # M5-03-3250

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 54-year-old female who injured her left knee on ___ when she fell down steps. X-rays of the left knee on 4/2/02 were normal. A 4/4/02 MRI was also reported as normal. On 4/10/02 the patient was diagnosed with internal derangement of the left knee. The patient was referred for physical therapy and treated with anti-inflammatory medications. Over the next several weeks the patient received 12.5 hours of physical therapy. On 8/16/02 continued physical therapy was recommended for the left knee. On 10/15/02 the patient was noted to have medial patellar joint line tenderness and a positive Apley's sign. It was recommended that the patient receive an injection to the left knee and restart outpatient physical therapy. The patient attended physical therapy from 10/28/02 to 11/15/02.

Requested Service(s)

Therapeutic exercise, myofascial release and unlisted medicine 11/4/02 –11/15/02

Decision

I disagree with the carrier's decision to deny the requested treatment.

Rational

The patient had a total of about 12 hours of therapy approximately one month following her injury. Six months following the injury the patient continued to have subjective pain with a limited range of motion and the presence of an effusion, according to the records provided for this review. There were no imaging studies to support the diagnosis of internal derangement, and therefore, at the time, there was no recommendation for surgery. The recommendation for surgery was to try to alleviate the patient's pain and help restore the left knee to a functional level. Therapy was recommended three times per week for four weeks. The patient attended six physical therapy visits over the duration of the dispute. The physical therapy services were not excessive. The patient had limited range of motion and documented weakness on exam, both of which are indications for supervised physical therapy.

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