

MDR Tracking Number: M5-03-3367-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 8-1-03.

The IRO reviewed office visits w/manipulations, joint mobilization, neuromuscular re-education, gait training, massage therapy, electrical stimulation, ultrasound therapy, therapeutic exercises, therapeutic activities, and analysis of data from 2-10-03 through 5-12-03.

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. The IRO concluded that the office visits w/manipulations, joint mobilization, neuromuscular re-education, gait training, massage therapy, electrical stimulation, ultrasound therapy, therapeutic exercises, therapeutic activities, and analyses of data from 2-10-03 through 3-15-03 **were** medically necessary. The IRO agreed with the previous decision that visits w/manipulations, joint mobilization, neuromuscular re-education, gait training, massage therapy, electrical stimulation, ultrasound therapy, therapeutic exercises, and therapeutic activities from 3-16-03 through 5-12-03 **were not** medically necessary. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 12-9-03, 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:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Max. Allowable Reimbursement)	Reference	Rationale
2-10-03 2-12-03 2-14-03 2-17-03 2-19-03	97265	\$43.00 ea DOS	\$0.00	F, 217	\$43.00	Rule 133.307(g)(3) (A-F)	Joint mobilization is not a global charge. Relevant information does not support delivery of service. No reimbursement recommended.

TOTAL	\$215.00	\$0.00	The requestor is not entitled to reimbursement.
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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 Order is applicable for dates of service 2-10-03 through 3-15-03 in this dispute.

This Order is hereby issued this 9th day of April 2004.

Dee Z. Torres
 Medical Dispute Resolution Officer
 Medical Review Division

April 7, 2004

Rosalinda Lopez
 Texas Workers' Compensation Commission
 Medical Dispute Resolution
 Fax: (512) 804-4868

**REVISED REPORT
 Corrected Disputed Service**

Re: MDR #: M5-03-3367-01
 IRO Certificate No.: 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:

This 54-year-old male claimant was injured in a work-related accident on ___. Initial chiropractic evaluation on 01/15/03 revealed a right knee strain/sprain, right knee AROM restriction, right knee swelling. MR diagnostic imaging over the right knee was recommended. Radiographs of the right knee performed on 01/15/03 revealed mild osteoarthropathy and chondrocalcinosis.

On 01/20/03, the patient was advised by a medical doctor to continue a current physical therapy program, continue Vioxx prescription medication, and implement a 2-4 week work conditioning program with a transition to a work hardening program at a later date. MR imaging on 01/24/03 revealed a small superior patellofemoral plica with large joint effusion.

A different medical doctor evaluated the patient on 02/10/03, and indicated that the patient had no evidence of ligamentous/meniscal damage over the right knee. Surgical interventions were not recommended.

FCE performed on 03/04/03 revealed that the patient was capable of a sedentary physical demand level. Functional Abilities Examination on 05/01/03 revealed that the patient was capable of lifting 40 pounds in a safe manner.

Examination performed by a medical doctor on 05/01/03 revealed that the patient has a probable chronic pain syndrome with no objective residual and/or ongoing medical pathology. The patient completed 48 sessions of therapy from 01/15/03 through 05/30/03.

Disputed Services:

Office visits w/manipulation (99213-MP), joint mobilization (97265), neuromuscular re-education (97112), gait training therapy (97116), massage therapy (97124), electrical stimulation (97032), ultrasound therapy (97035), therapeutic exercises (97110), therapeutic activities (97530), and analysis of data (99090) during the period of 02/10/03 through 05/12/03.

Decision:

The reviewer partially agrees with the determination of the insurance carrier and is of the opinion that the services and treatments in dispute rendered from 02/10/03 through 03/15/03 were medically necessary. The services and treatments in dispute rendered during the period of 03/16/03 through 05/12/03 were not medically necessary in this case.

Rationale:

It is clear from the reviewed documentation that the patient sustained a musculoskeletal injury on ___ that can be appropriately classified in a strain/sprain treatment algorithm. The provider's course of applied therapeutics from 02/10/03 through 05/12/03 indicates a greater therapeutic duration than necessary for a typical strain/sprain diagnosis. The patient showed pre-existing degenerative processes that would require an extension to the provider's treatment duration. However, increasing the duration of care through 05/12/03 is not warranted from the provided clinical documentation.

There are numerous peer-reviewed sources, clinical practice guidelines, and evidence-based guidelines, like the *Official Disability Guidelines, 2000, Eighth Edition*, that show an eight-week duration of physical therapeutics are appropriate for the treatment of a strain/sprain injury.

The duration of care activated by the treating provider from 01/15/03 through 03/15/03 were appropriate. Therapeutics rendered beyond 03/15/03 were not medically appropriate, given the clinical documentation forwarded for review. No medical evidence has been presented to warrant therapeutics beyond an eight-week trial of physical therapy/chiropractic therapeutics.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer-reviewed references:

- A.A.O.S., *Clinical Guideline on Knee Injury*. American Academy of Orthopedic Surgeons; 2001, 6 p.
- Crossley, K., et al. *Physical Therapy for Patellofemoral Pain: A Randomized, Double-Blinded, Placebo-Controlled Trial*. Am. J. Sports Med., 2002, Nov-Dec; 30(6): 857-65.

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,