

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 June 26, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the medical necessity issues. 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 work hardening and psychological interview were found to be medically necessary. The therapeutic exercises, electrical stimulation, hot/cold packs, office visits with manipulations and massage therapy were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the work hardening, psychological interview therapeutic exercises, electrical stimulation, hot/cold packs, office visits with manipulations and massage therapy charges.

This Findings and Decision is hereby issued this 4th day of November 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

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 1/16/03 through 2/3/03 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 4th day of November 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/mqo

NOTICE OF INDEPENDENT REVIEW DECISION

Date: November 3, 2003

MDR Tracking #: M5-03-3373-01

IRO Certificate #: 5242

_____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic physician reviewer that has ADL certification. The Chiropractic physician reviewer has signed a certification statement stating 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 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 this case.

Clinical History

According to the supplied documentation, it appears that the claimant injured his knee while at work on _____. The claimant reported that he slipped on felt paper and fell off of one section of a roof and landed on another section approximately 5 feet lower. The claimant initially underwent passive and active chiropractic therapy, which failed. The claimant was sent to _____ an orthopedic surgeon, who felt the claimant was a surgical candidate. Surgery was performed on 08/28/2002 that included a right knee arthroscopy to repair a torn meniscus. The claimant was released back to therapy on 09/23/2002. The claimant underwent more passive therapy. The claimant began a work hardening program on 01/21/2003 – 02/03/2003.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including office visits w/manipulations, therapeutic procedures, electrical stimulation, hot/cold packs, massage, psychological interview and work hardening from 11/11/2002 – 02/03/2003.

Decision

I agree with the insurance company that the therapeutic procedures, electric stimulation, hot/cold packs, office visits with manipulations and massage were not medically necessary. I disagree with the insurance company and agree with the treating doctor that the work hardening and psychological interview were medically necessary.

Rationale/Basis for Decision

The documentation supplied supports the therapy associated with the injury, both pre and post injury for a limited time. Since the claimant was released for post-surgery rehabilitation on 09/23/2003, a six-week regimen of active therapy would be clinically warranted to help improve the claimant's mobility and decrease the pain. After approximately 6 weeks of therapy, it would be necessary to transition the claimant into a proper home exercise program that would continue to improve the claimant without

potentially inducing any doctor-dependence. All passive and active therapy beyond 11/04/2002 is not considered reasonable and necessary. Since a functional capacity exam was performed on 11/30/2002 documented objective deficiencies in the claimant's work ability, then a work conditioning/hardening program would be indicated. The claimant underwent a psychological interview that placed him in the category of work hardening. A work hardening program rendered between 01/21/2003 – 02/03/2003 is clinically warranted and considered reasonable and medically necessary to return the claimant to his pre-injury work status.