

MDR Tracking Number: M5-02-2367-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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 Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that a knee brace and a work hardening program were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the fees for a knee brace and a work hardening program were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 10-12-01 through 11-2-01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 23rd day of August 2002.

Dee Z. Torres, Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and subsequently re-delegated by Virginia May, Deputy Executive Director.

NOTICE OF INDEPENDENT REVIEW DECISION

August 20, 2002

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-2367-01
IRO Certificate #: 4326

___ 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 rendered 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care.

___ health care professional 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

This 39 year old male sustained a work related injury on ___ while trying to pour concrete. The patient slipped on a piece of steel and fell on both knees. On presentation for treatment on 12/05/00 he complained of pain in both knees, ankle and lower back. X-rays and an MRI were taken revealing a tear of the medial and lateral meniscus of the right knee. He was given the diagnosis of effusion in the right knee, medial collateral damage, lateral collateral damage, and anterior cruciate damage. The patient underwent arthroscopic surgery on 01/23/01. The patient has been under the care of a chiropractor and was prescribed a knee support, which was provided on 10/12/01. In addition, the patient participated in a work hardening program from 10/29/01 through 11/02/01.

Requested Service(s)

Knee support
Work hardening from 10/29/01 through 11/02/01

Decision

It is determined that the knee support and the work hardening program were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation substantiates that the patient reached maximum medical improvement several months before he was to attend the disputed dates of service. He was put at maximum medical improvement (MMI) on 08/01/01 and the work hardening was not performed until 10/29/01. The patient continues to complain of arthritis pain in his knees, however, his work injury was successfully addressed through surgical and post-operative rehabilitation. Therefore, the knee support and the work hardening program from 10/29/01 through 11/02/01 were not medically necessary.

Sincerely,