

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 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 for dates of service 8/1/01 through 10/5/01, total amount of \$12,499.00.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity for dates of service 5/16/01 through 7/30/01. On this basis, the total amount recommended for reimbursement (**\$445.00**) does not represent a majority of the medical fees of the disputed healthcare and therefore, the requestor did not prevail in the IRO decision. 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.

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 office visits and therapies found to be medically necessary were for dates of service 5/16/01 through 7/30/01. The respondent raised no other reasons for denying reimbursement charges for the office visits and therapies.

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 5/16/01 through 7/30/01 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 3rd day of October 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

August 16, 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 #: M5-02-2373-01
IRO Certificate #: 4326

The ___ 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 medicine. ___ 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 ___ when he was pouring concrete, slipped on a piece of steel and fell onto his knees. The patient developed the onset of pain in his knees, right ankle, and lower back. The patient was diagnosed with internal derangement of the knee and tear of the medical meniscus. He then underwent a bilateral arthroscopy of the knees. The patient now suffers chronic pain to both of his knees.

Requested Service(s)

- a. 05/16/01-99213 office visits
- b. 06/06/01-97014 electrical stimulation, 97035 Ultrasound
- c. 07/18/01-97530x2 therapeutic activity, 97265 manual therapy
- d. 07/20/01-99213
- e. 07/23/01-99213
- f. 07/27/01-97110x2 therapeutic procedure, 97530x2, 97116x2 gait training
- g. 07/30/01-97530x2, 97526
- h. 08/01/01-99213, 97110x2, 97530, 97116x2, 97265
- i. 08/03/01-97530x2, 97265

- j. 08/06/01 through 08/22/01 99213, 97110x2, 97530x2, 97116x2, 97265
- k. 08/23/01-95851 Range of motion
- l. 08/31/01-99213
- m. 09/04/01 through 10/26/01- 97545-WC Work hardening/conditioning, 97546 Work hardening additional hour
- n. 09/13/01- 99080-CP of M/R Special reports, 99070-Cps of X/R Supplies and materials provided by physician
- o. 10/01/01-99213
- p. 10/03/01-99213, 97010-76 Cold packs, 97014-76
- q. 10/05/01-99213

Decision

It is determined that the following dates of service were medically necessary:

- a. 05/16/01-99213 office visits
- b. 06/06/01-97014 electrical stimulation, 97035 Ultrasound
- c. 07/18/01-97530x2 therapeutic activity, 97265 manual therapy
- d. 07/20/01-99213
- e. 07/23/01-99213
- f. 07/27/01-97110x2 therapeutic procedure, 97530x2, 97116x2 gait training
- g. 07/30/01-97530 x2, 97526

It is determined that the following dates of service were not medically necessary:

- h. 08/01/01-99213, 97110x2, 97530, 97116x2, 97265
- i. 08/03/01-97530x2, 97265
- j. 08/06/01 through 08/22/01 99213, 97110x2, 97530x2, 97116x2, 97265
- k. 08/23/01-95851 Range of motion
- l. 08/31/01-99213
- m. 09/04/01 through 10/26/01- 97545-WC Work hardening/conditioning, 97546 Work hardening additional hour
- n. 09/13/01- 99080-CP of M/R Special reports, 99070-Cps of X/R Supplies and materials provided by physician
- o. 10/01/01-99213
- p. 10/03/01-99213, 97010-76 Cold packs, 97014-76
- q. 10/05/01-99213

Rationale/Basis for Decision

The following dates of service were medically necessary:

- a. 05/16/01- 99213 office visit: This date of service was deemed to be medically necessary due to the fact that the treatment was performed on the compensable injuries and with proper documentation.
- b. 06/06/01-97014 electrical stimulation, 97035 Ultrasound: This date of service was deemed to be medically necessary due to the fact that the treatment was performed on the compensable injuries and with proper documentation.

- c. 07/18/01-97530x2 therapeutic activity, 97265 manual therapy: This date of service was deemed to be medically necessary due to the fact that the treatment was performed on the compensable injuries and with proper documentation.
- d. 07/20/01- 99213: This date of service was deemed to be medically necessary due to the fact that the treatment was performed on the compensable injuries and with proper documentation.
- e. 07/23/01 – 99213: This date of service was deemed to be medically necessary due to the fact that the treatment was performed on the compensable injuries and with proper documentation.
- f. 07/27/01-97110x2 therapeutic procedure, 97530x2, 97116x2 gait training: This date of service was deemed to be medically necessary due to the fact that the treatment was performed on the compensable injuries and with proper documentation.
- g. 07/30/01-97530 x2, 97526: This date of service was deemed to be medically necessary due to the fact that the treatment was performed on the compensable injuries and with proper documentation.

The following dates of service were not medically necessary:

- h. 08/01/01-99213, 97110x2, 97530x2, 97116x2, 97265: These were not medically necessary. These procedures were performed after the patient was examined and determined to be at maximum medical improvement as of 08/01/01 with an impairment rating of 12%. Also, several documented notes report the patient to be over weight and having arthritis. These conditions would lead the patient to have residual pain and difficulty long after extensive therapy and surgery have been performed.
- i. 08/03/01-97530x2, 97265: These were not medically necessary. These procedures were performed after the patient was examined and determined to be at maximum medical improvement as of 08/01/01 with an impairment rating of 12%.
- j. 08/06/01 through 08/22/01 99213, 97110x2, 97530x2, 97116x2, 97265: These were not medically necessary. These procedures were performed after the patient was examined and determined to be at maximum medical improvement as of 08/01/01 with an impairment rating of 12%.
- k. 08/23/01-95851 Range of motion: These procedures were performed after the patient was examined and determined to be at maximum medical improvement as of 08/01/01 with an impairment rating of 12%.
- l. 08/31/01-99213: These procedures were performed after the patient was examined and determined to be at maximum medical improvement as of 08/01/01 with an impairment rating of 12%.
- m. 09/04/01 through 10/26/01- 97545-WC Work hardening/conditioning, 97546 Work hardening additional hour: These were not medically necessary. These procedures were performed after the patient was examined and determined to be at maximum medical improvement as of 08/01/01 with an impairment rating of 12%. The patient did not meet the minimal standard entrance requirements of work hardening and work conditioning. The patient was unlikely to benefit from the program due to his existing unconditioned state of obesity and arthritis. The patient must have a goal of attaining employment after completion of the program; however, this patient remained unemployed even after extensive physical therapy and surgery.
- n. 09/13/01- 99080-CP of M/R Special reports, 99070-Cps of X/R Supplies and materials provided by physician: These services were provided after the patient was examined and determined to be at maximum medical improvement as of 08/01/01 with an impairment rating of 12%.

- o. 10/01/01-99213: These procedures were performed after the patient was examined and determined to be at maximum medical improvement as of 08/01/01 with an impairment rating of 12%.
- p. 10/03/01-99213, 97010-76 Cold packs, 97014-76: These procedures were performed after the patient was examined and determined to be at maximum medical improvement as of 08/01/01 with an impairment rating of 12%.
- q. 10/05/01-99213: These procedures were performed after the patient was examined and determined to be at maximum medical improvement as of 08/01/01 with an impairment rating of 12%.

Sincerely,