

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 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(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for 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 treatment/services including aquatic therapy and massage were found to be medically necessary. The respondent raised no other reasons for denying reimbursement charges for the treatment/services including aquatic therapy and massage.

This Finding and Decision is hereby issued this 9th day of October 2002.

Carol R. Lawrence
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 3/4/02 through 4/24/02 in this dispute and IRO fee.

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 9th day of October 2002.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/crl

September 25, 2002

Re: Medical Dispute Resolution
MDR #: M5-02-2683-01
IRO Certificate No.: IRO 5055

Dear:

___ 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 a doctor of Chiropractic medicine.

The physician reviewer DISAGREES with the determination of the insurance carrier in this case. The reviewer is of the opinion that AQUATIC THERAPY AND MASSAGE, DATES OF SERVICE 03.04.02 THROUGH 04.24.02 WAS MEDICALLY NECESSARY.

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.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted.

Sincerely,

MEDICAL CASE REVIEW

This is ___. I have reviewed the medical information forwarded to me concerning MDR #M5-02-2683-01, in the area of Chiropractic and Aquatic Rehabilitation Therapy. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Medical Dispute Resolution Request/Response.
2. Table of Disputed Services.
3. Explanation of Benefits indicating the insurance carrier's denial of payment, total 25 pages.
4. Medical Dispute Resolution position letter from ____.
5. Medical Dispute Resolution position letter from ____.
6. Daily treatment notes from ____, total 49 pages.
7. Records from ____, 2 pages.
8. Therapist's notes and daily patient records, total 143 pages.
9. Aquatic rehabilitation therapy treatment records, 100 pages.
10. Operative reports, right and left knees, 11 pages.
11. CT scan report and MRI report of the right knee and CXR report.

B. BRIEF CLINICAL HISTORY:

The records indicate the patient was initially injured on the job on ____ while entering a bell hole to re-dope the pipe. He slipped due to a wet area and hurt his left knee. He received extensive treatment including medication and therapy as well as surgical intervention on the left knee. Over the course of treatment, ____ documented right knee pain due to altered biomechanics during walking. After a prolonged dispute, the TWCC ruled that the right knee was compensable on 11/06/01.

On 01/04/02, ____, an Orthopedic surgeon, requested surgery to the right knee. On 01/08/02, ____ did the arthroscopic surgery to this patient's right knee. ____ began postoperative physical therapy on 01/21/02.

C. DISPUTED SERVICES:

Aquatic therapy and massage, dates of services 03/04/02 through 04/24/02.

D. DECISION:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

The records indicate this patient originally injured his left knee on _____. He has had extensive treatment to the left knee since his injury including three surgeries. The records indicate at this time that ____ has requested a left total knee replacement. Due to altered biomechanics during walking, the patient developed right knee pain. TWCC ruled the right knee was compensable on 11/06/01. Surgery was requested and performed by ____ on 01/08/02. Postoperative physical therapy was begun by ____ on 01/21/02. The records

indicate this patient made improvement objectively, although his subjective pain scale rating remained a 7.

Based upon the fact that this patient was unable to progress to a land-based rehabilitation program due to limitations of his left knee and the objective findings improvement of the initial six weeks of aquatic therapy to this patient's right knee, additional aquatic therapy was warranted.

This is an extremely complicated case with voluminous amounts of records. The disputed services of this Medical Dispute Resolution requiring my professional opinion are, in fact, the dates from 03/04/02 through 04/24/02, focusing specifically on the postoperative rehabilitation efforts of this patient's right knee only. Based upon the review of all documentation enclosed, it is my professional opinion the disputed services were, in fact, reasonable and customary and medically necessary for this patient's right knee injury to have the potential for restoration of function, and the treatment was specific to the right knee injury and did, in fact, provide for the potential improvement of this patient's condition.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 23 September 2002