

MDR Tracking Number: M5-02-2812-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

Per the IRO, the office visit of 1/18/02 was medically necessary. The IRO did not consider the office visits and physical therapy on 2/4/02, 2/7/02, 2/11/02 and 2/13/02 as medically necessary. The Medical Review Division has reviewed the IRO decision and determined **the respondent prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission **declines to order** the respondent to refund the requestor 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 office visit of 1/18/02 was found to be medically necessary. The respondent raised no other reasons for denying reimbursement.

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 only to date of service 1/18/02 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 15th day of November 2002.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

September 30, 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 #: M5-02-2812-01  
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 42 year old male sustained a work-related injury on \_\_\_\_\_. While in a hole he twisted his left leg, causing knee pain. Subsequent to the injury, the patient underwent arthroscopic repair of a torn meniscus on 07/14/01. Post-operatively he received chiropractic rehabilitation, which included office visits and physical therapy on 01/18/02, 02/04/02, 02/07/02, 02/11/02 and 02/13/02.

Requested Service(s)

Office visits and physical therapy on 01/18/02, 02/04/02, 02/07/02, 02/11/02 and 02/13/02

Decision

It has been determined that the office visit on 01/18/02 was medically necessary.

It has been determined that the office visits and physical therapy on 02/04/02, 02/07/02, 02/11/02 and 02/13/02 were not medically necessary.

Rationale/Basis for Decision

The orthopedist's report, dated 01/15/02, indicated the need to restart therapy to help the patient gain further momentum, therefore the office visit on 01/18/02 was medically necessary. However, the progress note on 01/22/02 did not clearly indicate whether rehabilitation was to continue; the chiropractor's notes consistently rated the patient at 60-70% improved or 3 on a scale of 10, with no progression since 12/10/01; and the record reflected a lack of compliance on the part of the patient as evidenced by gaps in treatment frequency. Therefore, the office visit on 01/18/02 was medically necessary. However, the office visits and physical therapy on 02/04/02, 02/07/02, 02/11/02 and 02/13/02 were not medically necessary.

Sincerely,