

MDR Tracking Number: M5-02-2825-01

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 **or January 1, 2003** 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 IRO determined the office visits and therapeutic exercises from 2/8/02 through 3/27/02 were medically necessary. However, the IRO determined the neuromuscular re-education, gait training, joint mobilization and range of motion testing from 2/8/02 through 3/27/02 was not medically necessary. The amount due for the services found medically necessary do not exceed those services which were medically necessary. Therefore, the Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** 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 visits and therapeutic exercises were found to be medically necessary. The neuromuscular re-education, gait training, joint mobilization and range of motion testing were not medically necessary. The respondent raised no other reasons for denying reimbursement.

This Decision is hereby issued this 3rd day of January 2003.

Noel L. Beavers
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 2/8/02 through 3/27/02 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 3rd day of January 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

December 10, 2002

Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491

Re: Medical Dispute Resolution
MDR#: M5-02-2825-01
IRO Certificate No.: 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 certified in Chiropractic medicine.

Clinical History:

On ___, this female claimant suffered an injury to her left knee while on her job. MRI demonstrated joint effusion and torn meniscus. On 02/09/01, the patient underwent arthroscopic meniscectomy and synovectomy. There is mention of physical therapy post-surgically. On 05/01/01, CT of the left knee was performed. On 08/02/01, MRI's of the lumbar spine and the left knee were performed. The lumbar spine was remarkable for a 3.0 mm disc bulge at L4-5. The left knee was remarkable for joint effusion, a torn meniscus and degenerative changes.

On 02/21/02, recommendation was made for total knee replacement. From 02/08/02 through 03/27/02, the patient performed various reconditioning activities.

Disputed Services:

Office visits, various physical therapies and range of motion testing.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that the office visits (99213) and therapeutic exercises (97110) during the period 02/08/02 through 03/27/02 **were medically necessary**. However, neuromuscular re-education (97112, Gait Training (97116), joint mobilization (97265) and range of motion testing (95851) **were not medically necessary in this case**.

Rationale for Decision:

The records submitted for review in this case were sparse. The reviewer agrees that this patient should have as much pre-surgical conditioning as possible in order to improve her recovery prospects. However, the reviewer does question the appropriateness and medical necessity of gait training, joint mobilization and balance training for this patient. These modalities are inappropriate for this patient.

The reviewer's general source of the screening criteria used in reaching this decision is derived from 13 years of experience from the daily treatment of musculoskeletal disorders exactly like and/or similar to that of the patient. Criteria are also derived from daily interaction and conference with other providers and specialists also involved in treating musculoskeletal disorders.

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 who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,