

MDR Tracking Number: M5-02-3184-01

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.

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 \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

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 surgical workup for ambulatory surgery care 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 to date of service 8/10/01 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 20th day of March 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

March 14, 2003

Re: Medical Dispute Resolution  
MDR #: M5.02.3184.01

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 Board Certified in Orthopedic Surgery.

Clinical History:

This 29-year-old male claimant injured his left knee on \_\_\_\_\_. Anterior cruciate ligament reconstruction was initially scheduled on 08/10/01. However, surgical workup revealed low hemoglobin as a result of a great deal of bleeding when the patient sustained deep lacerations of his left forearm. This laceration injury required surgical repair in June 2001.

The patient eventually had the knee surgery on 10/26/01. Five months later, on 03/12/02, he did require a second ACL repair, with hamstring autograft for failure of the graft in the first repair on 10/26/01.

Disputed Services:

Ambulatory surgical care on 08/10/01.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the surgical care (workup) on 08/10/01 was medically necessary.

Rationale for Decision:

The disputed services appear to be limited to the surgical workup on 08/10/01, which resulted in the postponement of the scheduled procedure. There is nothing in the material provided for review that would indicate inappropriateness of the care on that date. These procedures were appropriate care and treatment for the surgical

workup for the planned surgery on that date. The workup done would have been requested by any orthopedic surgeon prior to such a surgical procedure, and was medically necessary.

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.

Sincerely,