

MDR Tracking Number: M5-03-2237-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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. This dispute was received on 5-8-03.

The IRO reviewed therapeutic exercises, group therapeutic procedures, hot/cold packs, aquatic therapy, office visits, and ultrasound therapy rendered from 5-15-02 through 6-7-02 denied as unnecessary medical.

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(r)(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 not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. The disputed date of service 5-7-02 is untimely and not reviewable per TWCC Rule 133.307 (d)(1) which states that a request for medical dispute resolution shall be considered timely if it is received by the Commission no later than one year after the dates of service in dispute. The Commission received the medical dispute on 5-8-03.

On 8-14-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
5-10-02	97124 97010 97110	28.00 11.00 175.00	0.00	F	28.00 ea 15 min 11.00 35.00 ea 15 min	96 MFG Med GR I A 10 a and	Carrier denied as "F – TK, Rule 133.1 requires the submission of legible

						CPT descriptors	supporting documentation, therefore, reimbursement is denied." Relevant documentation was not submitted to support delivery of service. No reimbursement recommended.	
TOTAL		214.00					The requestor is not entitled to reimbursement.	

This Decision is hereby issued this 21st day of January 2004.

Dee Z. Torres
 Medical Dispute Resolution Officer
 Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 5-15-02 through 6-7-02 in this dispute.

This Order is hereby issued this 21st day of January 2004.

Roy Lewis, Supervisor
 Medical Dispute Resolution
 Medical Review Division

January 19, 2004

MDR #: M5-03-2237-01
 IRO Certificate No.: 5055

**REVISED REPORT
 Corrected Disputed Services & Rationale**

___ 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 Physical Medicine and Rehabilitation.

Clinical History:

This female claimant sustained an injury to her left knee while at work on _____. She underwent left knee surgery in April 2002. The patient has undergone therapy after her injury and prior to the period in question for this dispute. She then had a hiatus of no therapy until she had the knee surgery. Apparently, this was a meniscectomy.

She reported for physical therapy, presumably on the prescription of her treating physician. Apparently, due to her medications, she was taking a cab to her therapies.

Disputed Services:

Therapeutic exercises, hot or cold packs, group therapeutic procedure, aquatic therapy, office visits, and ultrasound therapy during the period of 05/15/02 thru 06/07/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that all the services and treatments listed above were medically necessary.

Rationale:

Therapeutic exercise, hot/cold packs, group therapy, aquatic therapy, and the office visits for evaluation of the patient's progress and planning were necessary. One has to report back to the physician and give a progress report and plan for therapy. This is a requirement and was a necessary part of the physical therapy. The hot and cold packs are a quick way to mobilize the patient, and ultrasound is used to obtain new resting lengths of ligaments. These are appropriate evaluations that are then sent back to the physician. The aquatic therapy is the best possible therapy for knee surgery, and probably also for back pain.

According to Texas Labor Code 408:021(a), an employee is entitled to the care reasonably required in association with their injury and the treatment thereof. If the patient's condition is not stable, the care to maintain and promote healing is 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.