

MDR Tracking Number: M5-03-3353-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General 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 August 22, 2003.

The IRO reviewed office visits, therapeutic exercises, neuromuscular re-education, gait training, and myofascial release rendered from 09-13-02 through 09-20-02 that were denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for office visits, therapeutic exercises, neuromuscular re-education, gait training, and myofascial release. 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 \$460.00** 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.

On November 17, 2003 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 Medical Review Division is unable to review this dispute for fee issues. Documentation was not submitted in accordance with Rule 133.307(l) to confirm services were rendered for dates of service 10-18-02 and 01-02-03. Therefore reimbursement is not recommended.

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 09-13-02 through 09-27-02 in this dispute.

This Decision is hereby issued this 30th day of January 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

Amended Letter
Note: Decision

November 13, 2003

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IRO Certificate #: IRO4326

The ___ 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. ___'s 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 patient sustained injuries on ___ when he fell off of a stack of steel beams, hitting his knee and feeling a jolt in his lower back. An MRI performed 09/24/01 revealed a torn inferior horn of the lateral meniscus left knee. He subsequently had an arthroscopy and partial lateral meniscectomy on 10/10/01. The patient continued to have pain and a second MRI dated 03/07/02 revealed a tear in the posterior horn of the lateral meniscus for which he had surgery on 04/09/02. The patient was later noted to have a torn anterior cruciate ligament (ACL) and underwent reconstruction on 04/23/02. He has had ongoing chiropractic treatment and physical therapy since his initial injury.

Requested Service(s)

Office visits, therapeutic exercises, neuromuscular re-education, gait training, and myofascial release from 09/13/02 through 09/20/02 and 09/23/02 through 09/27/02

Decision

It is determined that the office visits, therapeutic exercises, neuromuscular re-education, gait training, and myofascial release from 09/13/02 through 09/20/02 and 09/23/02 through 09/27/02 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

National treatment guidelines allow for a post-surgical rehabilitation program. Usual accepted guidelines allow for two to four months of post-surgical care. However, this case is an exception. Due to the significance of his injury and the number of surgeries, additional rehabilitation up to six months was warranted. There is adequate documentation on each date of service to clinically justify continued care.

Therefore, it is determined that the office visits, therapeutic exercises, neuromuscular re-education, gait training, and myofascial release from 09/13/02 through 09/20/02 and 09/23/02 through 09/27/02 were medically necessary.

Sincerely,