

MDR Tracking Number: M5-04-0234-01

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. The dispute was received on September 19, 2003.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the hot or cold packs, electrical stimulation, ultrasound therapy, joint mobilization, prolonged service, and myofascial release were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from September 19, 2003 to January 17, 2003 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 11th day of December 2003.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

GR/gr

NOTICE OF INDEPENDENT REVIEW DECISION

**Amended Letter
Note: Decision**

November 24, 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 Medicine. ___'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 an injury to his right knee on ___ when he was climbing a lift and hit his knee on metal rail. He saw a chiropractor treatment and physical therapy. An MRI of the right knee dated 08/14/02 revealed a medial meniscal tear, a lateral meniscal tear, and dislocated patella. Shortly after, he suffered an MI, and surgery had to be postponed. His chiropractor continued to treat him with passive therapy until he was strong enough for surgical intervention.

Requested Service(s)

Hot or cold packs, electrical stimulation, ultrasound therapy, joint mobilization, prolonged service, and myofascial release from 09/19/02 through 01/17/03.

Decision

It is determined that the hot or cold packs, electrical stimulation, ultrasound therapy, joint mobilization, prolonged service, and myofascial release from 09/19/02 through 01/17/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Consistent with generally accepted standards of care with in the chiropractic profession and the general medical community, the reasonably expected time for passive care had long since passed for this patient in regards to the injuries sustained in the accident of ___. Furthermore, the clinical records do not reflect that the care provided was proving to offer the patient any therapeutic gain. There is no baseline functional assessment or any evidence of serial assessments to ascertain the efficacy of care while awaiting surgery. Given the protracted nature of the patient's symptoms and care, a larger burden of proof would naturally be placed upon the objective documentation to determine its continued effectiveness. There is no documentation provided that indicates that the patient's objective symptoms were being positively impacted by the passive care provided while awaiting surgery. Therefore, it is determined that the hot or cold packs, electrical stimulation, ultrasound therapy, joint mobilization, prolonged service, and myofascial release from 09/19/02 through 01/17/03 were not medically necessary.

Sincerely,