

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-04-2302.M5

MDR Tracking Number: M5-04-0258-01

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 (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 3, 2003.

The 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 office visits therapeutic activities; exercises, TWCC 73 work status report forms and group health education 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 Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment of office visits therapeutic activities, exercises, TWCC 73 work status report forms and group health education was not found to be medically necessary, reimbursement for dates of service 12-02-02 through 06-23-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9th day of December 2003.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
GR/gr

December 3, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M5-04-0258-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

This patient was injured when she tripped on a carpet, hitting her knee and causing an immediate onset of pain in the right knee. MRI revealed no derangement of the knee, but surgery was performed by ___. The surgery was not successful and she underwent a second surgery by ___, undergoing active rehabilitation shortly afterward by ___, the treating doctor on this case. She was found to be at MMI by ___ on June 23, 2003 with a 14% whole person impairment. She later was seen by ___ as a designated doctor and was assessed MMI as of September 17, 2003 with 6% whole person. A peer review is presented by the carrier, as performed by ___.

DISPUTED SERVICES

The carrier has denied the medical necessity of office visits, therapeutic activities and exercises, TWCC 73 work status report forms and group health education as medically unnecessary with a peer review.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The care rendered on this case was not documented by the requestor. While the information submitted was certainly relevant to the case, only a handful of pages represented actual documentation. HCFA and EOB forms are not considered adequate documentation for such extensive treatment. The carrier did present records on the case

which demonstrated some of the treatment rendered, but the records presented did not adequately represent the level of treatment which was offered to this patient and there was no indication of steady progress on this case. As a result, the records do not indicate that the care was reasonable or necessary on this case.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,