

MDR Tracking Number: M5-04-0370-01

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 10-06-03.

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 the only issue** to be resolved. The therapeutic activities, joint mobilization, therapeutic exercises and office visits from 04-15-03 through 06-17-03 were found to be medically necessary. The electrical stimulation, electrical stimulation (unattended), unlisted therapeutic procedure, supplies/materials and neuromuscular re-education from 04-15-03 through 06-17-03 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for electrical stimulation, electrical stimulation (unattended), unlisted therapeutic procedure, supplies/materials, neuromuscular re-education, therapeutic activities, joint mobilization, therapeutic exercises and office visits from 04-15-03 through 06-17-03.

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 Findings and Decision is hereby issued this 20th day of April 2004.

Debra L. Hewitt
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 04-15-03 through 06-17-03 in this dispute.

This Order is hereby issued this 20th day of April 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/dlh

April 15, 2004

**NOTICE OF INDEPENDENT REVIEW DECISION
Amended Letter B**

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___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in orthopedic surgery. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 42 year-old male who sustained a work-related injury on ___. The patient reported that while at work he injured his left knee. On 3/17/03 the patient underwent left knee arthroscopy. Postoperatively the patient was treated with electrical stimulation, joint mobilization, neuromuscular reeducation, and therapeutic exercise and was instructed on a home program.

Requested Services

Therapeutic activities, electrical stimulation, electrical stimulation (unattended), joint mobilization, therapeutic exercises, neuromuscular reeducation, unlisted therapeutic procedure and supplies/material, and office visits from 4/15/03 through 6/17/03.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is partially overturned.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 42 year-old male who sustained a work related injury to his left knee on ____. The ___ physician reviewer also noted that the patient underwent left knee arthroscopy on 3/17/03. The ___ physician reviewer further noted that postoperatively the patient was treated with electrical stimulation, joint mobilization, neuromuscular reeducation, therapeutic exercises and was instructed on a home program. The ___ physician reviewer explained that electrical stimulation (unattended), unlisted therapeutic procedure, supplies/materials and neuromuscular education were not medically necessary forms of intervention for treatment of the member's condition. However, the ___ physician reviewer indicated that joint mobilization, therapeutic activities and therapeutic exercises were medically necessary for treatment of the member's condition. Therefore, the ___ physician consultant concluded that the, electrical stimulation, electrical stimulation (unattended), unlisted therapeutic procedure, supplies/materials, and neuromuscular reeducation from 4/15/03 through 6/17/03 were not medically necessary for treatment of this patient's condition and that the therapeutic activities, joint mobilization, and therapeutic exercises and office visits from 4/15/03 through 6/17/03 were medically necessary for treatment of his condition.

Sincerely,