

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 10-13-03.

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 office visits, work hardening, psychological testing and examinations 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 medical necessity 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 10-24-02 to 02-28-03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 17th day of December 2003.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

NOTICE OF INDEPENDENT REVIEW DECISION - AMENDED

Date: December 15, 2003

RE: MDR Tracking #: M5-04-0485-01
IRO Certificate #: 5242

___ 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 proposed 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 Physical Medicine/Chiropractor physician reviewer who is board certified in Physical Medicine/Chiropractic.

The Physical Medicine/Chiropractor physician reviewer 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 claimant is a 50-year-old who is five foot five in height and weighs 210 pounds. Based on my opinion this would be an obese individual. He has a date of injury of ___ when he states he fell at work and hurt his left knee and low back. From the notes reviewed it appears he had intensive rehabilitation with chiropractic care and then was put into a work hardening program. It appears the claimant has not worked since the date of injury. Treating physician has been ___. On 01/31/03 there's a follow-up examination where the claimant is complaining of left knee pain radiating up into the left lumbar region. He is on Bextra. It is noted that the claimant is obese. His deep tendon reflexes are normal. He did state he had occasional numbness at the left medial calf and ankle. Diagnosis on this examination was date is left knee internal derangement, lumbar disc derangement, myalgia, depression and anxiety. He then goes on into a work hardening program with assessments and orders for continued work hardening. He had MRI's performed on the left knee which showed moderate joint effusion, posterior horn of the medial meniscus with findings that may represent a tiny tear or post surgical scarring. Anterior horn of the medial meniscus and anterior horn of the lateral meniscus demonstrate probable degenerative signal. MRI of the lumbar spine is done on the same date and shows no significant disc herniation, no significant spinal stenosis or neural foraminal narrowing. L5-S1 is within a 1 mm. central disc bulge; this would be a normal finding. There is also an MRI of the left wrist which is normal. The claimant did not have this as part of his compensable injury and would not be related in my opinion. On 07/07/03 the claimant saw ___. His impression was that the pathology appears to be more localized to the knee. His plan is for a lumbar myelogram and CT scan to see if there is any reason for a radiculopathy. Of note there is no referral made to an orthopedist to address his knee pathology. In the notes reviewed, the claimant continues to complain of knee pain radiating up, but the knee pain is never referred out to an orthopedic physician. The claimant then goes on to have computerized grip strength testing on multiple dates and functional capacity evaluations on multiple dates.

This claimant was seen on 02/27/03 by ___ for designated doctor examination and he put the patient at maximum medical improvement on that date and gave a 4% impairment.

The claimant had a psychological evaluation along with this program and an order for chronic pain management program.

Requested Service(s)

Outpatient services of office visits, work hardening, psychological testing and examinations from 10/24/02 through 02/28/03.

Decision

I agree with the insurance carrier that outpatient services of office visits, work hardening, psychological testing and examinations from 10/24/02 through 02/28/03 are not medically necessary.

Rationale/Basis for Decision

It is my opinion after reviewing the records received that this claimant has a primary area of pain in the left knee. This is not referred out to an orthopedist for treatment in the records reviewed, even though it is documented on several occasions. The left knee pain is stated to radiate up to the low back. I feel this area of the left knee should have been referred to an orthopedic surgeon within 2-3 months from his injury date of _____. This was not done according to the records I reviewed. Instead, the claimant was put into a work hardening program and had psychological testing, expensive follow-up visits and ongoing conservative care. When the claimant went to the designated doctor examination he was put at maximum medical improvement and no further conservative care after that point should have been rendered, in the absence of significant new findings or re-injury. Expensive computerized testing is of no real medical benefit to the claimant. This form of expensive testing is not necessary and should not be covered, as this is not the standard of care. I do not feel that ongoing work hardening from 10/24/02 through 02/28/03 is warranted. It is my opinion, that this gentleman with his fall sustained a left knee contusion and, at most, a low back strain/sprain. The low back strain/sprain would have cleared within 6-8 weeks. The left knee continued complaints should have been referred to an orthopedic surgeon for further evaluation.

It is my opinion continued conservative treatment from 10/24/02 through 02/28/03 is not medically necessary or justified in the documentation as being necessary in this claimants care. At this point in time, I feel the claimant is at maximum medical improvement except for the need for an orthopedic consult to the left knee. Future treatment on this claimant would be appropriate if the orthopedic physician feels that he has a tear, then I would feel the left knee injury was related to the fall. All other complaints would have resolved within 6 – 8 weeks in the form of a sprain/strain injury. On 07/07/03 the claimant was seen by _____ and stated pathology appears to be more localized to the knee, yet, this physician did not refer the claimant for an orthopedic consult, but wants to go on with expensive continued lumbar workup, which in my opinion is not appropriate from his own impression note. I see no evidence in the medical records where this claimant needed psychological testing or counseling, chronic pain management as related to his at most sprain/strain of the lumbar spine and his left knee contusion that was never referred out for evaluation. Other than an MRI, no additional referral to an orthopedic was rendered. This claimant does not need any ongoing continued form of work hardening or conservative care in my opinion from the date of visit to the designated physician and his examination putting him at maximum medical improvement.