

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 10-30-02.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. 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 was the only issue** to be resolved. The therapeutic exercises 3 times weekly were found to be medically necessary. The neuromuscular re-education, aquatic therapy, myofascial therapy and therapeutic procedures were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for therapeutic exercises, neuromuscular re-education, aquatic therapy, myofascial therapy and therapeutic procedures.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay 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 Order is applicable to dates of service 10-30-02 through 11-21-02 in this dispute.

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 Order is hereby issued this 14th day of January 2004.

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

NOTICE OF INDEPENDENT REVIEW DECISION - AMENDED

Date: January 13, 2004

RE: MDR Tracking #: M5-04-0641-01
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 an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgeon and has ADL certification. The Orthopedic Surgeon 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

The claimant is a 23 year old male with an original work injury to left knee on ____, diagnosed with anterior cruciate ligament (ACL) tear on MRI, no reconstruction at that time. Re-injury in ____ and underwent ACL hamstring reconstruction on 8/30/02.

Requested Service(s)

Physical therapy from 10/30/02-11/21/02

Decision

I am in partial disagreement with insurance carrier.

Rationale/Basis for Decision

Physical therapy should begin approximately 1 month post operative in ACL reconstruction, which would be in late ____ in this case, closed chain exercises should be emphasized. Daily visits for 2 weeks are indicated followed by 3 times weekly regimen. Home exercise program should be instituted and reviewed with patient regarding program. Range of motion exercises should be done by patient at home several times a day. Early full knee extension should be emphasized. In most cases, straight running can be achieved by 3 months and full activities by 6 months. Therapeutic exercises 3 times weekly would be appropriate for the above dates. Neuromuscular reeducation, aquatic therapy, myofascial therapy, neuromuscular reeducation, and therapeutic procedures, are not necessary.