

MDR Tracking Number: M5-04-1147-01

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 12-22-03. The disputed dates of service 12-18-02 through 12-20-02 are untimely and ineligible for review per TWCC Rule 133.307 (d)(1) which states that a request for medical dispute resolution shall be considered timely if it is received by the Commission no later than one year after the dates of service in dispute. The Commission received the medical dispute on 12-22-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the medical necessity issues. 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 \$460.00** 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 IRO concluded that the therapeutic exercise, neuromuscular re-education, joint mobilization, and myofascial release from 12-23-02 through 1-9-03 **were** found to be medically necessary. The IRO agreed with the carrier's adverse determination that the therapeutic exercise, neuromuscular re-education, joint mobilization, and myofascial release from 1-10-03 through 1-24-03 **were not** medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Decision is hereby issued this 21<sup>st</sup> day of May 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

#### ORDER

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 12-23-02 through 1-9-03 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 21<sup>st</sup> day of May 2004.

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

March 11, 2004

#### NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-04-1147-01

\_\_\_ 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 chiropractor 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. The \_\_\_ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor 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 \_\_\_ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

#### Clinical History

This case concerns a female who sustained a work related injury on \_\_\_\_. The patient reported that while at work she twisted her left knee and ankle. On 6/12/02 the patient underwent x-rays of the left knee and ankle that indicated moderated level of soft tissue swelling in the left ankle. The diagnoses for this patient have included medical meniscus tear of the knee, talofibular sprain/strain/tear, and muscle spasm. Initial treatment of this patient's condition consisted of active and passive rehabilitation. The patient underwent an MRI of the left knee on 9/25/02 that indicated a left knee partial ACL tear and a medial meniscal tear. On 11/21/02 the patient underwent left knee surgery consisting of diagnostic arthroscopy, examination under anesthesia, and ACL repair. Postoperatively the patient underwent left knee rehabilitation that consisted of therapeutic exercises, neuro reeducation, joint mobilization, and myofascial release.

#### Requested Services

Therapeutic exercise, neuro reeducation, joint mobilization, myofascial release from 12/23/02 through 1/24/03 (Do not review code 99213-MP office visit with manipulation).

### 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 \_\_\_ chiropractor reviewer noted that this case concerns a female who sustained a work related injury to her left knee and ankle on \_\_\_\_. The \_\_\_ chiropractor reviewer indicated that the patient sustained a non-complicated ACL tear and no cartilage tear was found or repaired during surgery. The \_\_\_ chiropractor reviewer noted that the patient had months of preoperative care. The \_\_\_ chiropractor reviewer indicated that the patient should have been strong going into the knee surgery and that the sprained ankle should have been resolved before the knee surgery took place. The \_\_\_ chiropractor reviewer explained that appropriate rehabilitation for a noncomplicated case consists of 6 weeks of passive and active therapy followed by a home based program. Therefore, the \_\_\_ chiropractor consultant concluded that the therapeutic exercise, neuro reeducation, joint mobilization, myofascial release from 12/23/02 through 1/9/03 were medically necessary. However the \_\_\_ chiropractor consultant concluded that the therapeutic exercise, neuro reeducation, joint mobilization, myofascial release from 1/10/03 through 1/24/03 were not medically necessary to treat this patient's condition.

Sincerely,