

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 01-12-04.

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 stimulation (unattended), ultrasound therapy and therapeutic exercises on 09-10-03 through 11-10-03 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 09-10-03 through 11-10-03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 11th day of March 2004.

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

NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 4, 2004

MDR Tracking #: M5-04-1328-01
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 Chiropractic physician reviewer who has an ADL certification. The 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

According to the supplied documentation, it appears that ___ injured her knees bilaterally when she fell at work on ___. The claimant began care around 02/06/2003 with ___. ___ prescribed medications and physical therapy. A MRI was performed on 03/26/2003, which revealed joint effusion, a popliteal cyst, a small tear in the medial meniscus, chondromalacia and degenerative changes in her right knee. A MRI on the same day revealed joint effusion, a popliteal cyst, a tear in the anterior cruciate ligament (ACL) chondromalacia thickening of the tendons and degenerative changes in her left knee. The claimant underwent surgery to her right knee on 05/21/2003 that included arthroscopy and chondroplasty procedures. On 06/23/2003, the claimant was referred to ___ for evaluation and treatment. On 11/12/2003, the claimant underwent surgery to her left knee, which included arthroscopy and a medial meniscus repair. The documentation ends on 12/31/2003.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including stimulation (unattended), ultrasound, therapeutic exercises rendered on 09/10/2003, 11/03/2003, 11/05/2003, 11/07/2003 and on 11/10/2003.

Decision

I agree with the insurance company that the services rendered were not medically necessary.

Rationale/Basis for Decision

The therapy in question is dated after her first surgery on 05/21/2003 and prior to her 11/12/2003 surgery. The claimant underwent forty-one treatment sessions during this period. The first date of service in dispute is on 09/10/2003. The claimant received muscle stimulation on that day. There is no objective documentation supportive of passive modalities approximately 4 months post-surgery. The next four dates of service include muscle stimulation, ultrasound and therapeutic activities. The passive modalities that were rendered include ultrasound and muscle stimulation. Current literature does not support ongoing passive modalities beyond the initial 6-8 weeks. The therapeutic activities reported on the dates in question include walking, bicycle, hip flexion and extension, rotation, medial dial rotation, knee extension and flexion, lunge and squats. These activities are the exact same on 11/03/2003 as they were on 06/23/2003. After several months of performing these exercises, it would not be necessary for the claimant to be supervised by a physician. These exercises could be performed at home without any equipment with the exception of a bicycle. Ongoing treatment sessions are not considered reasonable and would increase the odds of a doctor dependence, which would inhibit the healing process.