

MDR Tracking Number: M5-04-1360-01

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 January 15, 2004.

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 \$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 therapeutic activities, neuromuscular reeducation, and therapeutic exercises were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This findings and decision is hereby issued this 12th day of April 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

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 01/24/03 through 06/30/03 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 12th day of April 2004.

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

April 7, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

**REVISED REPORT
Corrected Dates of Service**

Re: MDR #: M5-04-1360-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Clinical History:

This claimant was involved a work-related accident on ___, injuring her right knee, her right leg and her low back. Over a period of time, an aggressive treatment program was performed along with the appropriate diagnostic testing. Diagnostic testing revealed significant problems. In addition to conservative chiropractic and therapy, the patient has been on long term medication, underwent a series of 3 hyaluronic acid injections, several arthroscopic surgeries, total knee replacement, a course of therapy, and right knee manipulation under anesthesia. She was placed at statutory MMI by a designated doctor as of 10/17/02 with a 37% whole person body impairment. Current office documentation indicated the patient continues to experience ongoing problems, which may necessitate a revision of a right total knee replacement. In addition, ongoing care for a lumbar spine injury continues.

Disputed Services:

Therapeutic activities, neuromuscular reeducation, and therapeutic exercises during the period of 01/24/03 through 09/30/03

Decision:

The reviewer disagrees with the determination of the insurance carrier in this case. The services in question were medically necessary.

Rationale:

Normally under National Treatment Guidelines, this patient should have recovered from her injuries. However, due to the severity of her injuries, multiple injured areas, numerous surgeries, and ongoing problems, additional treatment outside of what is normally accepted is necessary. There is adequate and sufficient documentation on each denied date of service to clinically justify this patient's ongoing treatment. In conclusion, based upon the severity of this patient's injuries, numerous arthroscopic surgeries, injections, total knee replacement, and manipulation under anesthesia, it was, in fact, reasonable, usual, customary, and medically necessary for this patient to receive all denied therapeutic activities, neuromuscular reeducation, and therapeutic exercises during the period of 10/24/03 through 09/30/03.

Sincerely,