

MDR Tracking Number: M5-04-2108-01

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 March 12, 2004.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 11/20/03, therefore the following date(s) of service are not timely: 02-13-03

The 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 therapeutic exercises (97110) from 03-12-03 through 04-07-03 and hot/cold packs on 03-12-03, 03-14-03 and 04-02-03 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 Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 03-12-03 to 04-07-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 17th day of May 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

April 29, 2004

MDR Tracking Number: M5-04-2108-01
IRO Certificate # 5259

Revised 5/12/04

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation.

The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally

established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

This is a gentleman who fell and struck the anterior aspect of the knee. He was able to ambulate, but had increasing knee pain. One week after injury he was evaluated by ___ who felt that there was a superior pole of the patella fracture. ___ obtained a consultation with ___ who noted that this was a bipartite patella (a congenital anomaly). Repeat radiographs by ___ confirmed that diagnosis. MRI of the knee noted an injury to the bipartite accessory ossification center. There were no fractures. Secondary to ongoing complaints of pain and the changes noted on MRI, ___ felt that surgical excision of the accessory ossification was indicated. This surgery was carried out on January 3, 2003. He did well post-operatively and was cleared to return to work within three weeks of surgery. Post operative physical therapy was initiated on January 29, 2003. By February 17 there was 120° of flexion. The remaining issue was strengthening. One month later there was "full range of motion" as per ___ and some residual atrophy. By May 8 ___ cleared the claimant to return to work without restrictions. Moreover, there was no swelling. Overall improvement was noted through maximum medical improvement.

REQUESTED SERVICE (S)

Therapeutic exercises (97110) from 3/12/03 through 4/7/03 and Hot/cold packs from 3/12, 3/14 and 4/2/03.

DECISION

This was not reasonable and necessary care for the dates of service noted. Pre-authorization determination upheld.

RATIONALE/BASIS FOR DECISION

The physical examination noted no swelling and with the date of surgery noted as 1/3/03 this would not be a consideration two months later. Hot/cold packs at this time are not reasonable and necessary.

Moreover, with the ability to return to work, the assessment is that this was not an issue. (Krusens Handbook of Physical Medicine and Rehabilitation)

Relative to the therapeutic exercises, two months after the date of surgery, and more than one month after the initiation of physical therapy services, all that was needed was a home program noting VMO strengthening. There was no clinical need for a formal physical therapy program at that time.

In that the claimant had been cleared to return to work and there was an immobilizer used to protect the joint, a home exercise program of straight leg raising, etc would have accomplished the goals.