

MDR Tracking Number: M5-04-2388-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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. This dispute was received on 3-31-04.

The IRO reviewed therapeutic exercises, ultrasound, electric stimulation (unattended), hot/cold pack therapy, myofascial release, electrical stimulation, manual therapy, and patient re-evaluation on 4-14-03 to 9-22-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. The IRO concluded that the re-evaluation was medically necessary. The IRO agreed with the previous determination that the therapeutic exercises, ultrasound, electric stimulation (unattended), hot/cold pack therapy, myofascial release, electrical stimulation, and manual therapy were not medically necessary. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. On 6-30-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Code 97750-FC billed for date of service 10-2-03 was denied as 'E - entitlement'. The TWCC-21 on file disputes meniscal tear. The diagnosis code on the HCFA is for condromalacia of patella; therefore, this service will be reviewed per rule 134.202(e)(4) which states that FCEs shall be reimbursed in accordance with subsection (c)(1). Reimbursement shall be for up to a maximum of four hours for the initial test. The FCE report indicates this to be an initial exam billed at three hours 1 minute.

- Code 97750-FC – Per the Medicare Fee Schedule, the MAR is $\$26.73 \times 125\% = \33.41 per each 15 minute increment. Requestor billed 12 units. Recommend reimbursement of $\$33.41 \times 12 = \400.95 .

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 for dates of service 9-22-03 and 10-2-03 in this dispute.

This Order is hereby issued this 8th day of October 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

June 2, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:
TWCC #:
MDR Tracking #: M5-04-2388-01
IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This patient is a 46-year-old male who sustained a compensable injury to his right knee on ___ when he was hosing out a truck and he twisted his right lower extremity up in the hose. This caused him to lose his balance and fall. He then presented to Dr. B for evaluation and management. An MRI of the right knee dated 02/18/03 found "contused medial collateral ligament, otherwise negative study." Dr. B then referred the patient to

physical therapy. However despite extensive treatment he underwent meniscal surgery on 06/25/03 and received post-op physical therapy.

DISPUTED SERVICES

Under dispute is the medical necessity of therapeutic exercises, ultrasound, electrical stimulation (unattended), hot/cold pack therapy, myofascial release, electrical stimulation, manual therapeutic tech. and patient reevaluation.

DECISION

The reviewer disagrees with the prior adverse determination regarding the reevaluation. All other care is found to be medically unnecessary.

BASIS FOR THE DECISION

The diagnosis in this case adequately supports the need for periodic reevaluations on the part of the health care provider, so the reevaluation performed on 09/22/03 is both reasonable and appropriate.

Insofar as the remaining disputed services, the diagnosis did not support the medical necessity of continued extensive usage of modalities and procedures after 04/10/03. Although the records state that the patient continued to have a mild decrease in right quadriceps strength on resistance, this patient could have been transitioned into a home-based exercise and stretching program. Moreover, the aggressive physical therapy utilized in the clinical setting failed to materially improve the patient's condition, as physical therapy progress notes for dates for DOS 4/10/03, 4/21/03, 4/29/03 and 5/12/03 all state the same thing regarding strength and range of motion: "Right knee active range of motion is within normal limits with mild pain noted on the end range flexion," and "Right quadriceps strength is 5-/5 with pain on resistance." Therefore since the care did not cure or relieve the effects of the compensable injury promote recovery or enhance the ability for the injured worker to return to work, the services in dispute were not medically necessary.

Again, the diagnosis and medical records submitted in this case would support two months of post-operative physical therapy with a transition into a home-based program. Continued passive modalities – including therapeutic exercise – beyond two months was not medically necessary.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,