

MDR Tracking Number: M5-04-3160-01

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 5-21-04.

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 group therapeutic procedures from 5-19-03 through 7-16-03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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 from 5-19-03 through 7-16-03 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 28th day of July 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:
MDR Tracking Number: M5-04-3160-01
Name of Patient:
Name of URA/Payer:
Name of Provider: (ER, Hospital, or Other Facility)
Name of Physician: (Treating or Requesting)

July 19, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, 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

Medical Review of Texas (MRT) 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 MRT.

Sincerely,

CLINICAL HISTORY

Available documentation received and included for review involved approximately a 5-inch stack of records from multiple providers including surgical notes, rehab notes, office visits, second opinions and impairment ratings.

Available record review reveals the following:

____, a 50-year-old male bus-driver, sustained a work-related injury following a fall in some oil at work. He injured his left knee, sprained his low back and broke some ribs. He subsequently underwent treatment with Dr. D, a chiropractor who referred him to Dr. J, an orthopedic surgeon. The patient underwent arthroscopic the debridement/repair on 6/19/02, followed by a fairly extensive rehabilitation course. The patient continued to have significant difficulty to with respect to his knee, and failed with Synvisc injections.

MRI on 3/24/03 revealed grade IV chondromalacia involving the weight-bearing surface of the medial femoral condyle without osseous edema. A 1 cm region of probable chondral loose body lay in the medial aspect of the intercondylar notch. There was probable distal quadriceps and proximal patella tendonitis without evidence for tendon rupture or retraction, mild posterior cruciate ligament sprain versus partial tear, thinning of the anterior cruciate ligament extending from the mid portion with probable impact fibers present but with findings suggestive of probable strain versus partial tear without full thickness tear. Small joint effusion and mild chondromalacia patella with patchy bone marrow signal within the patella reflecting edematous changes reflective of mild post-traumatic changes.

Total left knee replacement was recommended and eventually performed following a number of months of dispute. Surgery took place on 7/22/03.

REQUESTED SERVICE(S)

Medical necessity of group therapeutic procedures 5/19/03 through 7/16/03.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

There is establishment of group therapeutic procedures. Despite

attempting numerous interventional measures, the patient responded very poorly to care, failing at initial surgery and subsequent rehabilitation efforts. It was evident that significant chondromalacia existed in this gentleman. There was significant atrophy and weakness of the left leg determined, with range of motion loss and functional deficits significantly affecting his ADL's.

A significant portion of the timeframe in dispute was spent in disputing whether or not a recommended surgical procedure was allowed to proceed. It would not be unreasonable to continue in the interim with some form of conditioning to preserve as much range of motion/muscle tone as possible prior to a second surgery, involving total knee replacement.

Although a home exercise program could be considered to be a viable alternative, the patient had a significant degree of pain and discomfort, range of motion loss and atrophy comprising his functional deficits. Considering the above degree of functional deficit, it would not be unreasonable to have him in a more formal program to ensure that his condition did not continue to deteriorate prior to his TKR surgery, which would adversely impact the chances of post-surgical success.

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such and may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical/chiropractic probability and are totally independent of the requesting client.