

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 5-25-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of 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 \$650** 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 Rule 133.308 (e)(1), requests for medical dispute resolution are considered timely if filed with the division no later than one (1) year after the dates of service in dispute. The Commission received the medical dispute resolution request on 5/25/04, therefore the following dates of service are not timely: 5/14/03 & 5/16/03.

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 office visits, therapeutic exercises, myofascial release, and neuromuscular re-education rendered on 5/29/03 **were found** to be medically necessary. The office visit rendered on 7/10/03 **was not** 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 date of service 5/29/03 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 Decision and Order is hereby issued this 22nd day of September 2004.

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NOTICE OF INDEPENDENT REVIEW DECISION

September 15, 2004

Re: IRO Case # M5-04-3219

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Reports MRI right knee 6/13/02, 4/10/03
4. Report MRI left knee 8/12/02
5. X-ray report left knee 8/12/02

6. Clinical notes 2002 –2004
7. operative report 1/6/03
8. Physical therapy progress notes
9. FCE 6/23/03

History

The patient is a 37-year-old male who in ___ stepped through a hole in the trailer of his 18-wheeler, injuring both knees. He began treatment with a company doctor with physical therapy and medications. An MRI of the right knee on 6/13/02 revealed a lateral meniscus tear and medial meniscus degeneration. The patient was referred to an orthopedic surgeon, and he underwent right knee arthroscopy on 7/11/02. An 8/12/02 MRI of the left knee revealed a torn ACL. The patient was evaluated on 11/18/02 and continued with conservative treatment. He then was referred to an orthopedic surgeon and underwent ACL reconstruction of the left knee, partial medial and lateral meniscectomy and chondroplasty of the left knee on 1/6/03. He was started on physical therapy post operatively. A repeat MRI of the right knee on 4/10/03 showed a medial meniscus tear. A 6/23/03 FCE revealed the patient's ability to perform at a heavy physical demand level, and he was returned to work without restrictions.

Requested Service(s)

Level III an IV established patient office visits, therapeutic exercises, myofascial release, neuromuscular reeducation 5/29/03, 7/10/03

Decision

I disagree with the carrier's decision to deny the requested services on 5/29/03, and I agree with the denial of the office visit on 7/10/03.

Rationale

The patient underwent ACL reconstruction with meniscectomy on 1/9/03. He was then started on a post operative rehabilitation protocol. The length of time that the patient spent in physical therapy is well within accepted guidelines for post operative rehabilitation following this type of surgery. The FCE showed that treatment was successful in returning the patient to work without restrictions. The documentation submitted for the office visit on 7/10/03 does not support the level of service billed.