

MDR Tracking Number: M5-04-4122-01

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, 133.307 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 08-04-04.

Dates of service 07-01-03 through 07-31-03 per Rule 133.308(e)(1) were not timely filed and will not be reviewed by the Medical Review Division.

The IRO reviewed hot/cold pack therapy, electrical stimulation, office visits, manual therapy, therapeutic exercises, TENS supplies and neuromuscular re-education rendered from 08-04-03 through 10-13-03 that were denied based upon "U".

The IRO determined that office visits from 08-04-03 through 10-13-03 and all requested services from 08-04-03 through 09-02-03 **were not** medically necessary. The IRO determined that the requested services after 09-02-03 (except for office visits) **were** medically necessary.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the **majority** of 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 \$650.00** 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 not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 08-26-04, 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.

Review of CPT codes 97010, 97014 and 97140 dates of service 08-15-03 and 08-18-03 and HCPCS code A4595 date of service 09-15-03 revealed that neither party submitted EOBs. Per Rule 133.307(e)(2)(B) the requestor did not provide convincing evidence of carrier receipt of the providers request for EOBs. No reimbursement is recommended.

This Findings and Decision is hereby issued this 20th day of January 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

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 Medicare program reimbursement methodologies effective August 1, 2003 per Commission Rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 09-03-03 through 10-13-03 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 20th day of January 2005.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dlh
Enclosure: IRO Decision

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758
Fax 512/491-5145

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

December 31, 2004

Re: IRO Case # M5-04-4122

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. Operative report 8/21/03,
4. Initial medical narrative 7/1/03
5. D.C. clinical notes 7/1/03 – 10/13/03
6. Report MRI left knee 7/2/03
7. M.D. initial consultation report 7/25/03
8. M.D. follow up notes 7/30/03 – 10/6/03
9. Therapeutic procedure charts 9/3/03 – 10/13/03

History

The patient is a 38-year-old female who injured her left knee in ___ when she slipped on a wet floor and her left knee slid out to the side. She reported immediate onset of pain. The patient began chiropractic treatment on 7/1/03. An MRI of the left knee on 7/2/03 showed a partial ACL tear, moderate joint effusion, a torn medial meniscus, strain of the lateral collateral ligament and bone bruises. An orthopedic surgeon consult was obtained on 7/25/03 and surgical repair of the knee was recommended. The patient underwent ACL reconstruction and partial lateral meniscectomy on 8/21/03. The patient was seen for post surgical follow up on 9/2/03 and was cleared for post-surgical rehabilitation.

Requested Service(s)

Hot/cold pack therapy, electrical stimulation, office visits, manual therapy, therapeutic exercises, TENS supplies, neuromuscular re-education 8/4/03 – 10/13/03

Decision

I agree with the carrier's decision to deny all of the requested office visits 8/4/03 – 10/13/03, and all of the requested services 8/4/04 – 9/2/03.

I disagree with the decision to deny the requested services (except for office visits) after 9/2/03.

Rationale

Post surgical rehabilitation post ACL reconstruction and surgeon clearance is medically necessary and appropriate for up to eight weeks for one hour, three times per week.

The patient failed a trial of physical therapy prior to being sent for orthopedic consultation on 7/25/03. Surgery was recommended on that date. Continuation of physical therapy prior to surgery would not be medically necessary.

Follow up office visits would not be medically necessary during the time period of physical therapy.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Daniel Y. Chin, for GP