

MDR Tracking Number: M5-04-4204-01

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 08-11-04.

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 \$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 IRO determined that code 97140 for all dates of service and all services from 09-17-03 through 10-13-03 (with the exception of office visits) **were not** medically necessary. The IRO determined that all remaining services reviewed **were** medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 8th day of October 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

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 08-08-03 through 02-12-04 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 8th day of October 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dlh

October 4, 2004

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-04-4204-01
IRO #: 5284

Specialty IRO 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 Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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 requestor was contacted to determine if they would prefer a Tier 1 or a Tier II review. The requestor indicated they would prefer a Tier II review as the requested services were performed by a Chiropractor.

This case was reviewed by a licensed Chiropractor. The reviewer is on the TWCC ADL. The Specialty IRO 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 Specialty IRO 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

___ was injured while working for ___ on ___. He was apparently injured when he was working at height and stepped down onto a pipe. He apparently lost his balance causing him to fall to the right when his right leg was stopped by the pipe. The injury was to the right knee. Undated notes from Dr. P indicate that the injury occurred 4 months prior to the presentation at his office. An

MRI was ordered by Dr. P on 5/22/03 revealing anterior and posterior horn signal changes in the lateral meniscus and a tear in the medial meniscus. He continued working through pain and was eventually referred to Dr. W in late May. His impression was of internal derangement of the right knee. Arthroscopic surgery was scheduled for mid June 2003. On 6/18/03, the patient underwent arthroscopic surgery of the right knee. He began rehabilitation on 7/7/03 as per Dr. W orders. He presented to the ___ on 7/17/03 wherein a TWCC 53 was filed and approved on 7/23/03 by a TWCC employee. Initial evaluation was performed on 8/1/03 by ___, LPT. The patient apparently approved slightly according to the records. He had another surgery on 10/15/03 for a right anterior cruciate ligament repair, removal of loose bodies and insertion of a PCA pump. The patient was given post-surgical exercises by the orthopedic surgeon, Dr. J. An infection was noted at the surgical site; therefore, a second surgical procedure was initiated to irrigate and debride the infected graft site. He was placed in physical therapy and continued consultations with Drs. J, M, Mc. W, MD, designated doctor, opined the patient to be at MMI on 2/24/04 with a 10% WP impairment. An FCE on 4/7/04 indicates ___ is at a medium PDL and is required to be at heavy PDL. Dr. Mc indicated on 4/21/04 that he disagreed with the DD as the patient continues to improve with rehabilitation. Dr. M indicated on 4/22/04 that the patient was expected to be at MMI on or about 7/22/04.

Records were received from the respondent, requestor and treating doctor. All records were reviewed regardless of mention in this report. Records reviewed include but are not limited to the following: Records from the respondent are as follows: peer review by Dr. R, MD (pages two and three only of 8/6/03 review), follow up peer review report by Dr. R 11/11/03, peer review by Dr. Mi, MD dated 2/12/04. Records from the requestor/treating doctor include the following and may include the above notes from the respondent: 183 pages in total including; reconsideration letter 4/8/04, Injury report by ___, intake paperwork by Dr P, MD, multiple visit notes by Dr. P, 5/29/03 initial report by Dr. W, 6/18/03 operative report, initial and follow-up notes by ___ from 7/7/03, evaluation by ___, LPT, Daily Progress notes by Dr. M DC from 8/8/03 through 2/12/04, Notes by Dr. J, MD, subsequent medical reports by Dr. Mc, neurodiagnostic testing of 10/9/03, therapy progress notes by ___, LPT, 10/15/03 operative report, Multiple TWCC 73's, 2/18/04 neurodiagnostic testing by Dr. K, MD, DD report by Dr. W, MD and an IR/MMI rating by Dr. M.

DISPUTED SERVICES

Disputed services include the following: 97110, office visits, 97140, 97112, 97032, 97035, 95903, 95904, 95925, 95934 from 8/8/03 through 2/12/04.

DECISION

The reviewer agrees with the previous adverse determination regarding the following services: 97140 (all dates of service), All services on dates of service (except office visits) from 9/17/03 through 10/13/03.

The reviewer disagrees with the previous adverse determination regarding all remaining services.

BASIS FOR THE DECISION

The reviewer indicates that the patient was left with a work related injury to the knee for a period of four months according to the records. This leads to multiple complicating factors and increased injury to the knee. The patient had both meniscal and anterior cruciate injuries and apparently continued to work. The Medical Disability Advisor indicates "Physical therapy is recommended for successful recovery from surgical repair of the anterior cruciate ligament, and requires months of hard work in rehabilitation. Rehabilitation following anterior cruciate ligament repair follows a structured process beginning immediately after the surgical repair and ending with the individual returning to work and other activities." The MDA indicates that an 'indefinite' period of time may be required prior to the patient returns to a heavy or very heavy PDL. The requestor and treating doctor followed accepted protocols for anterior cruciate ligament repair and rehabilitation. It is the reviewers opinion that Dr. M peer review stated that he based his opinion on the lack of documentation provided to him as per his statement, "*it is somewhat difficult to answer this question at this time (What posteroperative treatment is reasonable and necessary to include physician office visits, PT and DME?) I have no medical follow-up following his last procedure of 11/10/03. If the patient had an uncomplicated closure of his wound with no intrarticular infection...regain his strength and function in the knee over a three to four month period. It would take 9-12 months for him to regain all of the strength of his knee...*"The requested procedures fall within this 3-4 month period as per this peer review. Lastly, Dr. R opines that the rehabilitation could be performed in three to four weeks following an arthroscopy with a torn ACL (as per page 2 of the 8/6/03 peer review). This is against the vast majority of literature on this subject.

References: Anterior Cruciate Ligament (ACL) Injury. National Library of Science. 01 Jan 2000. 07 Mar 2001.

Canale, S. Terry. Campbell's Operative Orthopaedics, 9th ed. Philadelphia: Mosby Year Book, Inc, 1998 07 Mar 2001

Moeller, James, L., and Mary M. Lamb. "Anterior Cruciate Ligament Injuries in Female Athletes: Why Are Women More Susceptible?" The Physician and Sports Medicine 25 4 (1997): 07 Mar 2000

Popovic, J.R., and Lozak, L.J. National Hospital Discharge Survey: Annual Summary, 1998. National Center for Health. 01 Jan 2000. 23 Oct 2000

Rosen, Peter. Emergency Medicine: Concepts and Clinical Practice, 4th ed. St. Louis: Mosby Year Book, Inc, 1998 07 Mar 2001

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

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

Sincerely,