

MDR Tracking Number: M5-04-4287-01

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 8-18-04.

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 \$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 §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 therapeutic activities, neuromuscular re-education, therapeutic exercises, ultrasound, and physical therapy re-evaluation services rendered from 11/03/03 through 12/12/03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed service.

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 Medicare program reimbursement methodologies for dates of service after 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 Order is applicable to dates of service 11/03/03 through 12/12/03 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 1<sup>st</sup> day of November 2004.

Regina L. Cleave  
Medical Dispute Resolution Officer  
Medical Review Division

RLC/rlc

September 30, 2004

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

Patient:  
TWCC #:  
MDR Tracking #: M5-04-4287-01  
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.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Physical Medicine and Rehabilitation. 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

This is a 45 year old female who stepped off a ladder, misjudging a step, and fell to the ground several feet. This occurred on \_\_\_\_\_. She was diagnosed with a tibial plateau fracture as well as a torn meniscus. The tibial plateau fracture was treated with immobilization and a 30-40 degree long leg cast. This was placed by Dr. J. Once the fracture healed, the cast was removed. A range of motion knee brace was then placed. On 9-19-2003, she was two months lateral tibial plateau fracture and was taken to the operating room and had a diagnostic arthroscopy of the left knee with arthroscopic partial medial meniscectomy, arthroscopy chondroplasty with multiple drilling to the subchondral bone for a defect in the left knee and a left femoral condyle. Physical therapy was started and she was placed at a decreased weight bearing status until the end of October. She participated in physical therapy from 11-3-2003 until 12-12-2003. She made very good progress during her rehabilitation stay. The records provided show her range of motion

improved as well as her strength, endurance and ambulation speed. When she first came to therapy she was ambulating with a crutch. At the time of therapy she was ambulating independently.

#### DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of therapeutic activities (97530), neuromuscular re-education (97112), therapeutic exercises (97110), ultrasound (97035) and physical therapy re-evaluation (97002-59) from 11-3-2003 through 12-12-2003.

#### DECISION

The reviewer disagrees with the previous adverse determination.

#### BASIS FOR THE DECISION

The reviewer states that the records prove that there is adequate documentation and need to justify her therapy visits. Because of the tibial plateau fracture, she had to be immobilized and this caused the joint contracture and progressive range of motion and exercise was needed. She also had surgery on her knee, which can cause pain and swelling and an aggressive therapy program to maintain and improve range of motion was also required. The therapy notes document the patient did improve her strength, range of motion and endurance. Physical therapy can be a reasonable part of a rehabilitation program following an injury and a procedure and there was a demonstrated benefit from therapy, which did establish the medical necessity.

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,