

MDR Tracking Number: M5-04-4312-01

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 8-24-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, manual therapy techniques, group therapeutic exercises, therapeutic exercises, and copies from 3/15/04 through 4/08/04 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, the request for reimbursement for dates of service 3/15/04 through 4/08/04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 23rd day of November 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc
Enclosure: IRO decision

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NOTICE OF INDEPENDENT REVIEW DECISION

November 19, 2004

Re: IRO Case # M5-04-4312

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, Rule133.308 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 a 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. D.C. initial office visit report 1/28/04
4. Initial orthopedic visit report 1/30/04
5. Follow up orthopedic visit notes 2/04 – 7/04
6. M.D. History & Physical 5/6/04
7. Report MRI knee1/04
8. ROM test reports
9. Muscle test reports
10. Operative report 5/25/04
11. Medical clinic records
12. Report x-ray left knee
13. Physical therapy progress notes 1/04 - 6/04

History

The patient injured his left knee in ____ when he was pulling a pallet and slipped and fell on to the knee. Several days later he was evaluated, x-rays were taken, and he was started on physical therapy. A 1/22/04 MRI of the left knee suggested a partial ACL tear, mild bone contusion and degenerative changes in the meniscus. The patient began seeing a chiropractor on 1/28/04. He was then referred for orthopedic evaluation on 1/30/04. He was diagnosed with left knee contusion and chondromalacia of the patella. The orthopedic surgeon recommended physical therapy with restrictions and continuation of anti inflammatory medications. The patient began physical therapy on 2/9/04. Due to continued pain, the patient underwent surgery to the left knee on 5/25/04. physical therapy was continued post operatively.

Requested Service(s)

Office visits, manual therapy tech, therap exerc group, therap exercises, copies 3/15/04 – 4/8/04

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

The patient sustained an injury to his knee in _____. He initially sought care from a company physician and was started on physical therapy that apparently was inappropriate. Instead of helping him, the physical therapy worsened his pain. The patient eventually saw an orthopedic surgeon on 1/30/04. He recommended appropriate physical therapy, which was started on 2/9/04. Physical therapy continued for the next five weeks, three times per week for two hours per session.. In a 2/27/04 follow-up note, the patient noted that the patient had improved. However, the patient's physical examination was essentially unchanged except for the resolution of his knee effusion. ROM was described a 0 to 130 degrees. The surgeon recommended continued physical therapy with the same restrictions he had, and his 'templated' note did not change from his initial evaluation. Physical therapy continued three times per week, two hours per session until surgery in May.

After five weeks of physical therapy, the patient's treatment should have been decreased in both duration and frequency, with a transition to a home exercise program. The records provided for this review give no indication of the need for continued passive modalities and supervised physical therapy. The patient could have continued his exercises on his own as part of a home exercise program. No special or unusual circumstances were stated in the clinical notes provided for review that would indicate a need for three times per week therapy for two hours per visit after five weeks.

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

Daniel Y. Chin, for GP