

MDR Tracking Number: M5-05-1051-01

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 11-22-04.

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 hydrocodone and Carisoprodol prescriptions 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 was the only issue involved in this medical dispute. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 6-14-04 to 11-19-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10th day of March 2005.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

Enclosure: IRO Decision

March 3, 2005

Texas Workers Compensation Commission
MS48
7551 Metro Center Drive, Suite 100
Austin, Texas 78744-1609

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-05-1051-01
TWCC #:
Injured Employee:
Requestor:
Respondent: American Interstate Insurance Company
MAXIMUS Case #: TW05-0027

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's

Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the MAXIMUS external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in orthopedic surgery and is familiar with the condition and treatment options at issue in this appeal. The MAXIMUS physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a male who sustained a work related injury on _____. The patient reported that while at work he injured his right knee when he was struck with the bucket of a tractor. Initial treatment for this patient's condition included physical therapy. Subsequently the patient underwent right knee surgery consisting of a diagnostic and operative arthroscopy of the right knee, and a partial medial meniscectomy on 3/2/99. The patient has continued complaints of right knee pain and has been treated with Hydrocodone/Apap and Carisoprodol.

Requested Services

Prescriptions Hydrocodone/Apap 10/500 and 7.5/500, Carisoprodol 350 mg tab from 6/14/04 through 11/19/04.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Letter of Medical Necessity 9/21/04

Documents Submitted by Respondent:

1. Required Medical Examination 5/7/04
2. Peer Review 1/9/04
3. Letters to Adjuster 7/10/03 - 5/13/04
4. Impairment Rating 3/10/00
5. Physical Therapy Progress Notes 3/22/99 - 5/4/99
6. Operative Note 3/2/99

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The MAXIMUS physician reviewer noted that this case concerns a male who sustained a work related injury to his right knee on _____. The MAXIMUS physician reviewer also noted that the treatment for this patient's condition has included surgery, physical therapy, and medications. The MAXIMUS physician reviewer further noted that the patient continues with complaints of knee pain and has been treated with oral medications consisting of Hydrocodone/Apap and Carisoprodol. The MAXIMUS physician reviewer explained that although the patient has continued pain in his knee after surgery, continued treatment with narcotics is not medically indicated. The MAXIMUS physician reviewer indicated that long-term narcotic use after minor knee surgery is not medically appropriate. The MAXIMUS physician reviewer explained that treatment with physical therapy and NSAIDs is an accepted treatment for this patient's condition. Therefore, the MAXIMUS physician consultant concluded that the prescriptions for Hydrocodone/Apap 10/500 and 7.5/500, Carisoprodol 350 mg tab from 6/14/04 through 11/19/04 were not medically necessary to treat this patient's condition.

Sincerely,
MAXIMUS

Elizabeth McDonald
State Appeals Department