

MDR Tracking Number: M5-05-1308-01

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 1-5-05.

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 therapeutic exercises, therapeutic activities from 1-14-04 through 2-10-04 were not medically necessary.

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, reimbursement for dates of service are denied and the Medical Review Division declines to issue an Order in this dispute.

This Finding and Decision is hereby issued this 28th day of February 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Enclosure: IRO decision

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-05-1308-01
Name of Patient:	
Name of URA/Payer:	Health & Medical Practice
Name of Provider: (ER, Hospital, or Other Facility)	Health & Medical Practice
Name of Physician: (Treating or Requesting)	Patrick McMeans, MD

February 22, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no

known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Texas Workers Compensation Commission

CLINICAL HISTORY

This is a lady who in late ____ fell and sustained a knee injury. The original primary treating physician, Dr. Figari could not rule out a meniscal tear and obtained an MRI. The MRI noted a very minor tear. However, that did alter the treatment plan and an arthroscopy was carried out. Pre-operatively there was extensive physical therapy provided. There is one note indicating that the surgery was 8/2/02 and another operative note indicating the date of the procedure as January 21, 2003 and the surgery was completed by Eric Scheffey, M.D. Post-operatively she developed a cellulitis and was treated with antibiotic medication. A second surgery was carried out on October 7, 2003. On December 2, 2003 Richard Pizzini, D.C., acting as the Doctor Selected in Lieu of the Treating Doctor; assigned this as a 30% whole person impairment rating. On December 3, 2003 Dr. McMann saw the claimant in follow-up and his note reflects that there is some quad atrophy but that Ray in his office taught her a home-based, self-directed exercise program. Through the first six months of 2003 there were more than 30 physical therapy sessions of various kinds, however all included direct therapeutic exercises (97110) and various other modalities.

REQUESTED SERVICE(S)

Medical necessity of therapeutic exercises (97110) and therapeutic activities (97530) for dates of service 1/14/04 through 2/10/04.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

This is a lady who has undergone more than 100 sessions of physical therapy since the date of injury. After the first surgery, all that appears to be required was a quad strengthening program. The complaints far exceeded the findings on physical examination or objective assessment. However, the key point is that the exercises were taught by the primary treating physician and there is no clinical indication for a formal one-on-one physical therapy oversight. As noted by Dr. McMeans, the appropriate rehabilitation can be completed with a home exercise program.

As noted by the APTA Guides to Physical Therapist Practice, (3rd revision) the standard for the physical therapy requested is far less than demonstrated in this case. Further, it is interesting to note that there was a perceived deconditioning in this 5'0" 175 pound lady. Clearly if there was any deconditioning, it was pre-existing. Noting the time frames for the two surgeries, the injury treated, and the standard for post-operative rehabilitation, the treatment rendered appears excessive and not reasonable and necessary care.