

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 03-18-05.

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 the work hardening, work hardening- additional hours and medical conference 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, reimbursement for dates of service from 07-23-04 to 09-16-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 17th day of May 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision



7600 Chevy Chase, Suite 400
Austin, Texas 78752
Phone: (512) 371-8100
Fax: (800) 580-3123

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 12, 2005

To The Attention Of:

TWCC
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-16091

RE: Injured Worker:

MDR Tracking #: M5-05-2012-01
IRO Certificate #: 5242

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the

above referenced case to Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon reviewer (who is board certified in Orthopedic Surgery) who has an ADL certification. The reviewer has signed a certification statement stating 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 the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- Records from Snowden Orthopedic and Occupational Rehabilitation
- Records from Lawrence L. Lenderman, MD

Submitted by Respondent:

- Evaluation from David West, DO, Orthopaedic Surgeon

Clinical History

The claimant is a 42 year old female working as a recycle driver, collector, who sustained a twisting injury to her right knee on _____. She was unable to work at her regular job. On 4-21-04 she had an MRI of her right knee that indicated a tear of her medial meniscus. Physical therapy was unsuccessful. She also had a knee injection that failed. On 6-10-04 she was evaluated by Dr. David West who suggested two more weeks of physical therapy and one more injection. If this was unsuccessful, then arthroscopy was recommended. It was specifically recommended that she not have a Functional Capacity Evaluation. She was referred for "work hardening" and did not have surgery.

Requested Service(s)

97545 WH-CA Work Hardening, 97546 WH-CA Work Hardening – additional hours, 99361 Medical conference by physician for dates of service 7-23-4 to 9-16-4

Decision

I agree with the insurance carrier that the above services are not medically necessary.

Rationale/Basis for Decision

This is a patient with a documented tear of her medial meniscus. Her symptoms and signs and imaging studies are consistent with this diagnosis. The chances of work hardening succeeding with the above situation are almost nil. The records when she was evaluated on 7-20-04 indicate her progress was "fair" and her response to physical therapy was "fair". She was working four hours a day doing clerical duty. On 9-17-04 her progress was "fair" and her response to physical therapy was "fair". She was still working four hours per day doing clerical work. No objective progress was made after 8 weeks of "work hardening". This included an FCE. This failure would be expected with a symptomatic torn meniscus that had not been definitively treated.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 12th day of May 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder