



Texas Department of Insurance, Division of Workers' Compensation  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### Retrospective Medical Necessity and Fee Dispute

#### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address:	MDR Tracking No.: M5-05-3066-01
Rehab Affiliates 9150 Huebner Rd. Ste 340 San Antonio, TX 78240	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:  TX Mutual Insurance Company, Box 54	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

#### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents included the TWCC 60 form, Explanations of Benefits, and CMS 1500's. No position summary was received.

#### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents included the TWCC 60 form and Explanations of Benefits. Position summary states, "The requestor billed \$1,560.00. Texas Mutual paid \$834.78. The requestor believes it is entitled to an additional of \$480.90."

#### PART IV: SUMMARY OF DISPUTE AND FINDINGS - Medical Necessity Services

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
11-2-04 – 11-19-04	CPT codes 97112 and 97116	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0

#### PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Division Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), Medical Dispute Resolution assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the requestor and respondent.

The Division has reviewed the enclosed IRO decision and determined that the requestor did not prevail on the disputed medical necessity issues.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

28 Texas Administrative Code Sec. 133.308

**PART VII: DIVISION DECISION**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the requestor is not entitled to additional reimbursement for the services involved in this dispute and is not entitled to a refund of the paid IRO fee plus all accrued interest due at the time of payment to the Requestor within 30 days of receipt of this Order.

**Findings and Decision:**

9-23-05

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Date of Order

**PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW**

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**

September 19, 2005

TEXAS WORKERS COMP. COMMISSION  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_\_

EMPLOYEE: \_\_\_\_

POLICY: M5-05-3066-01

CLIENT TRACKING NUMBER: M5-05-3066-01 5278

---

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above-mentioned case to MRIoA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA has performed an independent review of the case in question 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIoA for independent review.

**Records Received:**

Received From State:

Notification of IRO Assignment – 10 pages

Provider list – 2 pages

Table of disputed charges – 2 pages

Explanation of Benefits – 6 pages

Received From Rehab Affiliates:

Letter from Orthopedic Physical Therapy dated 8/22/05 – 1 page

Physical Therapy Prescription date 9/30/04 – 1 page

Patient medical history – 1 page

Knee Evaluation – 1 page

30 Day Progress Report – 1 page

Exercise Program 2 – pages

Daily notes dated 10/29/04-12/01/04 – 12 pages

Received From Texas Mutual:

Fax cover sheet – 1 page

Notification letter - 2 pages

Patient history from Calallen Orthopaedics LLP – 2 pages

MRI knee report – 2 pages

Operative report from Corpus Christi Surgery Center – 3 pages

Physical Therapy Evaluation – 1 page

Progress note dated 11/4/04 – 1 page

Daily notes 11/10/04-12/1/04 – 9 pages

30 Day Progress Report – 1 page

Progress note dated 12/16/04 – 1 page

TWCC 69 – Report of Medical Evaluation – 1 page

Progress note dated 1/13/05 – 1 page

**Summary of Treatment/Case History:**

The patient is a 43-year-old male, date of injury of \_\_\_\_\_. MRI documented medial meniscus bucket handle tear and chondromalacia patella. The patient completed uncomplicated partial meniscectomy and patellar chondroplasty in 10/04. Dr. Del Gallo documents in 11/04 good range of motion. In 12/04, notes normal strength and range of motion. Physical therapy noted antalgic gait.

**Questions for Review:**

Were #97112 (neuromuscular re-education) and #97116 (gait training) medically necessary from 11/2/04-11/19/04?

**Explanation of Findings:**

Were #97112 (neuromuscular re-education) and #97116 (gait training) medically necessary from 11/2/04-11/19/04?

No, the codes #97112 and #97116 are not medically necessary. The patient received concurrently therapeutic exercise (#97110). It was an uncomplicated surgery with mild antalgic gait, typical for postoperative partial meniscectomy. There are no significant motor deficits or loss of range of motion. #97112 and #97116 are redundant codes, providing no adjunctive/therapeutic benefit. This is fragmenting of one service (therapeutic exercise) into component parts and coding each component part as a separate service. The code #97110 is reasonable, customary, and when provided fully addresses the claimants gait impairment.

**Conclusion/Decision to Not Certify:**

Codes #97112 and #97116 are not medically necessary.

**References Used in Support of Decision:**

Official disability guidelines, 2005. PT recommended, although positive limited evidence. Controversy exists about the effectiveness of PT after arthroscopic partial meniscectomy.

Phys Ther 2003 Jun; 83:520-35. Physical therapy after arthroscopic partial meniscectomy: is it effective? Conclusion: Multiple studies reviewed. Results indicate that supervised physical therapy used in this study is not beneficial for patients in early period after uncomplicated arthroscopic partial meniscectomy. There is little evidence that formal physical therapy is necessary

---

The physician providing this review is board certified in Physical Medicine and Rehabilitation (1989). The physician providing this review has served as an Assistant Clinical Professor at the University level. This reviewer is a member of the North American Spine Society, the American Back Society and the American Academy of Pain Medicine and Rehabilitation. This reviewer has additional training in acupuncture. This reviewer has been in active practice since 1990.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payer and/or URA, patient and the TWCC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

1178047.1

jc