

MDR Tracking Number: M5-03-0456-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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 Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Therefore, in accordance with §133.308(q)(9), the Commission **Declines to Order** the respondent to refund the requestor for the paid 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** to be resolved. The office visits were found to not be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this 30th day of January 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

January 17, 2003

Re: IRO Case # M5-03-0456

Texas Worker's Compensation Commission:

___ 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, Rule 133.308 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 ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___

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 Board Certified in Physical Medicine and Rehabilitation. 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 ___ 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 ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 52-year-old female who was injured ____. Her employer required her to stand for long periods of time during the day wearing panty hose and dress shoes. After two weeks activity, the patient noticed swelling in her left foot. The patient is a diabetic and it was determined that the pressure from the panty hose and shoes caused a breakdown in the skin of her left small toe, leading to infection. The toe was amputated. The patient underwent extensive chiropractic treatments and passive modalities, but the pain continued in her left foot. She was diagnosed with neuropathic pain syndrome. After EMG/NCS of her left lower extremity RSD was ruled out and the patient was diagnosed with demyelinating neuropathy most likely secondary to diabetes. The patient was determined to be at MMI 4/23/02. She continues to take pain medication for pain in her left leg, and apparently she has not worked since the injury.

Requested Service

Office visits 10/9/01 – 8/15/02

Decision

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

Rationale

Following surgery, the patient continued to be treated frequently and extensively. After her wounds healed, there was no reason for her to continue to be seen for this injury. The patient has documented diabetic peripheral neuropathy. She continues to have pain as a result of this neuropathy, unrelated to the injury. Continuation of narcotic medication three months after the healing of the wound is not medically reasonable or necessary. Continued treatment of the patient's diabetic peripheral neuropathy and neuropathic pain syndrome would better be treated by the patient's

internist. Furthermore, the office notes for the dates in question do not justify a moderate complexity level of coding. The history and physical on these notes did not contain the elements necessary for the moderate complexity level of coding

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

Sincerely,