

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-3331.M5

MDR Tracking Number: M5-03-0917-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The 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 left foot MRI was 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 Division has determined that MRI fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for date of service 12/5/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 4th day of April 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 31, 2003

Re: IRO Case # M5-03-0917-01

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, Rule133.308 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 IRO's, 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 Orthopedic Surgery. 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 ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested treatment was not medically necessary. Therefore, ___ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

History

The patient was injured on ___. He reports a crush type injury to his left foot. Initial evaluation reveals a minimally displaced 3rd metatarsal shaft fracture. The fracture was treated by an orthopedic surgeon. The fracture was treated non-operatively and there was x-ray documentation of a well-healed fracture on 3/22/01. During the patient's initial treatment he underwent two months of physical therapy for his left foot. The patient was determined to be at MMI on 3/22/01. The patient reportedly suffered an injury to his head on ___. After that he underwent chiropractic evaluation and treatment. During the course of his treatment, the patient began to complain about left foot pain, nearly 11 months post injury to the left foot. The patient was evaluated by an orthopedic surgeon who found no significant clinical abnormalities. The patient was also evaluated by a podiatrist 12/12/01 and the left foot examination was documented as unremarkable.

Requested Service(s)

MRI left foot 12/5/02

Decision

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

Rationale

Based on the documentation provided for this review, there were no clinical findings to support obtaining an MRI on 12/5/01. The orthopaedic and podiatry examinations of the left foot were unremarkable, giving no indication for obtaining an MRI of the foot. In addition, the original injury to the left foot occurred almost 15 months before the MRI was obtained. It would not be reasonable to find, "bone marrow, edema, bone bruising, stress fracture, soft tissue inflammation" related to the original injury present on an MRI nearly 15 months later. The patient's initial left foot injury was a 3rd metatarsal fracture, which according to the documentation presented, healed well. There would be no reason to expect any findings on MRI related to that injury. As evidence of this, the MRI of the left foot on 12/5/01 was completely normal.

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

Sincerely,
