

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

SOAH DOCKET NO. 453-03-3683.M5

MDR Tracking Number: M5-03-1122-01

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, 2003 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 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 office visits, physical therapy, FCE, somatosensory testing, range of motion, muscle testing, DME, H/F reflex study NCV studies 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 Division has determined that the office visits, physical therapy, FCE, somatosensory testing, range of motion, muscle testing, DME, H/F reflex study NCV studies were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service 4/12/02 through 7/26/02 are denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 12th day of May 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

April 1, 2003

Re: IRO Case # M5-03-1122

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 reportedly fell off four feet of scaffolding and injured his right ankle. He was evaluated on 2/15/02. X-rays revealed a nondisplaced bimalleolar ankle fracture. The patient was kept non-weight bearing for 6 weeks in a bootwalker. After the initial six weeks of fracture care the patient was allowed to begin weight bearing on his ankle in the boot walker. The patient then presented to a chiropractor for continuing care on 4/11/02. The initial assessment by the chiropractor was an unspecified ankle fracture, tenosynovitis and bursitis of the ankle, unspecified ankle sprain, and injury to the ankle. The plan was to perform multiple chiropractic treatments for the next eight weeks, and an MRI of the ankle was ordered after x-rays of the right ankle were obtained. The patient was referred to a medical doctor for consultation. The notes 4/11/02 to 7/22/02 by the chiropractor state the same history and physical repeatedly with only minor variations in the treatment plan. On 7/22/02 the patient underwent a whole body FCE. On 7/25/02 electrodiagnostic studies were performed because the patient complained of back pain.

Requested Service(s)

Office visits, physical therapy, FCE, somatosensory testing, range of motion, muscle testing, DME, H/F reflex study, NVC studies 4/12/02-7/26/02

Decision

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

Rationale

The standard of care for a nondisplaced bimalleolar ankle fracture includes the following: a six week period of immobilization and no weight bearing on the ankle; confirmation of ankle healing with plain x-ray; once ankle fracture healing is confirmed, weight bearing on the ankle is allowed; a six-week course of supervised physical therapy with a certified physical therapist no more than three times per week; following supervised therapy the patient should continue a self-directed home exercise program; MMI for this injury should usually be achieved in three to four months post injury. The initial care before 4/11/02 was appropriate. The care by the treating chiropractor was not within the standard of care for this patient's injury. The physical therapeutic treatments were excessive in number. The documentation by the treating chiropractor does not support the care given. The clinical notes are vague and often repetitive. There is no good clinical rationale given for the studies obtained on this patient, especially when considering the given injury: a non displaced bimalleolar ankle fracture.

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

Sincerely,
