

MDR Tracking Number: M5-03-1393-01

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 prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

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, therapeutic exercises, range of motion assessments and performance/muscle testing were found to be medically necessary. The passive manipulative procedures, i.e., manual traction and joint mobilization were found to not be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visits, therapeutic exercises, range of motion assessments and performance/muscle testing charges.

This Finding and Decision is hereby issued this 30<sup>th</sup> day of June 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 4/25/02 through 6/3/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

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

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

**AMENDED LETTER NOTE: Decision and Rationale for Decision**

April 24, 2003

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-1393-01  
IRO Certificate #: IRO 4326

\_\_\_ 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 \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the rendered 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 a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_ health care professional 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.

Clinical History

This patient sustained a work-related injury on \_\_\_ when he stepped in a hole and twisted his left ankle. No fractures were noted on x-ray; however, an MRI performed on 04/22/02 revealed an osteochondral fracture of the talus with joint effusion. The patient was treated by a chiropractor and received office visits, physical therapy, range of motion, and physical performance/muscle testing from 04/25/02 through 06/03/02

Requested Service(s)

Services requested were office visits, physical therapy, range of motion, and physical performance/muscle testing from 04/25/02 through 06/03/02.

Decision

It is determined that the passive manipulative procedures, i.e. manual traction and joint mobilization from 04/25/02 through 06/03/02 were not medically necessary. The therapeutic exercises, the range of motion assessments, physical performance/muscle testing, and associated office visits from 04/25/02 though 06/03/02 were medically necessary.

Rationale/Basis for Decision

The patient underwent an orthopedic evaluation on 05/20/02. The patient was given an injection of Decadron and Marcaine and was to continue conservative care.

The patient was treated from 04/25/02 through 06/03/02 with an office visit, joint mobilization, myofascial release, manual traction, and therapeutic exercises. The patient also received range of motion testing and physical performance testing over the course of his treatment from 04/25/02 through 06/03/02.

The use of passive manipulation, i.e.; manual traction and joint mobilization from 04/02/02 through 06/03/02 was not medically necessary for the treatment of the patient's condition, as the patient was concomitantly placed in a one-hour rehabilitation program on the same dates that he was receiving the passive care. As the patient was able to undergo up to one hour of therapeutic exercises per day, the passive manipulation procedures were not indicated.

The therapeutic exercises, myofascial release therapy, range of motion assessments, and physical performance muscle testing from 04/25/02 through 06/03/02 were medically necessary for the treatment and evaluation of the patient's condition. According to \_\_\_and\_\_\_, ankle sprains are a common, costly, and potentially disabling problem. The proper history and physical examination will determine the need for radiological evaluation and treatment. Complications of ankle trauma like osteochondral fractures, peroneal tendon injuries, fracture of the os trigonum, synovial impingement, tarsal tunnel syndrome, Achilles tendon inflammation or rupture, and nerve injury are reviewed. The treatment of ankle sprains is based on the severity of the injury. Treatment begins with rest, ice, compression, and elevation. Casting and orthotics may be needed to facilitate healing. Primary rehabilitation, functional rehabilitation, and performance testing and the assessment of efficacy for each of these modalities are critical parts of proper treatment for ankle sprains (\_\_\_,\_\_\_, "Ankle sprains: evaluation, treatment, rehabilitation", *Md Med J* 1997 Nov-Dec:46(10):530-7)

Therefore, the use of myofascial release, therapeutic exercises, range of motion assessments, physical performance testing, and associated office visits from 04/25/02 through 06/03/02 were medically necessary. However, the use of passive manipulative procedures such as manual traction and joint mobilization from 04/25/02 through 06/03/02 were not medically necessary.

Sincerely,