

MDR Tracking Number: M5-03-1684-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution-General 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. This dispute was received on 3-6-02.

The IRO reviewed chiropractic treatment and physical therapy services rendered from 6-5-02 through 7-2-02 that were denied based upon "V".

The requestor obtained preauthorization approval on 6-3-02 for 16 units of 97110, 24 units of 97265, 20 units of 99212. Effective 1-1-02, physical therapy did not require preauthorization. Office visits never have required preauthorization. The insurance carrier denied reimbursement for physical therapy and office visits based upon not medically necessary.

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(r)(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.

This Decision is hereby issued this 27th day of May 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 6-5-02 through 7-2-02 in this dispute.

This Order is hereby issued this 27th day of May 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

May 28, 2003

REVISED

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M5 03 1684 01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered 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.

This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

This patient twisted her ankle while working on her job as a packer/scanner at the ____. As a result of the injury, she began having immediate pain in the region of the deltoid ligament of the right ankle. The pain was severe enough to radiate into the calf of the right leg, and resulted in spasms in the calf. MRI of the right ankle indicated a joint effusion of the subtalar joint and a synovial cystic formation in the retrocalcaneal fat region. A position statement by the treating doctor indicates that the patient suffered a fracture, but MRI did not demonstrate such an injury. The patient did undergo an arthroscopic procedure on July 3, 2002. While not included in the notes, there apparently was a peer review performed that indicated traction and joint mobilization were duplicative services. The treating doctor denied this with an explanation regarding the actions and goals of each specific treatment. A designated doctor, ____, found ___ was not at MMI as of September 27, 2002 and recommended further treatment.

DISPUTED SERVICES

The carrier has denied the medical necessity of therapeutic procedures, office visit and joint mobilization for the date of June 5, 2002 through July 2, 2002.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

This case is well documented to be a serious injury to the ankle, not merely a minor sprain. The patient was treated early in the program as if the injury were indeed a simple sprain/strain. Documentation by the providing clinic along with the designated doctor's report do indicate that the patient was being treated appropriately during the date of service in question and the treatment does fit into a program that would reasonably be believed to return the patient to a productive work environment. This, combined with the fact that the patient eventually underwent a surgical procedure on the ankle, would indicate that active therapy was reasonable and necessary at this point in time.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,