

MDR Tracking Number: M5-03-1815-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on March 18, 2003.

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 \$650.00** 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, application of a modality, therapeutic exercises and therapeutic activities, joint mobilization and supplies were found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the office visits, application of a modality, therapeutic exercises and therapeutic activities, joint mobilization and supplies charges.

This Finding and Decision is hereby issued this 2<sup>nd</sup> day of October 2003.

Margaret Q. Ojeda  
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 date of service 10/25/02 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 2<sup>nd</sup> day of October 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division  
RL/mqo

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

September 17, 2003

**Re: IRO Case # M5-03-1815-01**

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 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 Reconstruction, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. 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 originally injured her ankle on \_\_\_\_\_. On 11/12/01 she was reevaluated for increasing pain and symptoms of instability. An 11/19/01 MRI was significant for anterolateral impingement and a tear of the anterior talofibular ligament with hypertrophic changes of the inferior band of the anterior tibiofibular ligament. Initially the patient was treated conservatively with physical therapy 3 times per week for seven weeks. Lateral ligament reconstruction of the right ankle was performed on 5/16/02. The patient began post-operative rehabilitation on 6/24/02. The patient was reevaluated on 7/29/02 and continued physical therapy was recommended. The patient completed physical therapy on 8/21/02.

### Requested Service(s)

Office visits, application of a modality, therapeutic procedure & activities, joint mobilization, supplies 7/30/02-8/23/02

### Decision

I disagree with the carrier's decision to deny the requested treatment.

### Rationale

The patient presented with a long history of ankle pain and instability. She eventually went on to require lateral ligament reconstruction. Post-operatively she did well in the initial physical therapy visits. She continued to have deficits in strength and function as well as swelling in the ankle. The patient's orthopedic surgeon recommended continued physical therapy for another twelve treatments. A home exercise program following the initial physical therapy visits would not have been adequate for the patient's treatment or for her to achieve a good outcome. Performing such post-operative therapy on her own would have put her at risk of re-injury. Therefore, the requested treatments were medically appropriate and necessary.

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

Sincerely,