

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-04-0143.M5**

MDR Tracking Number: M5-03-2171-01

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 adverse determination that therapeutic procedure, joint mobilization, ultrasound therapy, physical performance test, group therapy procedure, office visits, work hardening and functional capacity evaluation 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 therapeutic procedure, joint mobilization, ultrasound therapy, physical performance test, group therapy procedure, office visits, work hardening and functional capacity evaluation 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 5/3/02 through 7/26/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 8th day of August 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

August 7, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-2171-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. This physician is board certified in orthopedic surgery. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a female who sustained a work related injury on ____. The patient was reported to have sustained a fracture of the left ankle. The patient underwent a closed reduction on ____ that was inadequate, necessitating an open reduction internal fixation on 10/9/01. The patient was treated with post-operative physical therapy. The patient continued to complain of pain and a X-Ray was ordered on 4/2/02 and a CT scan was performed on 4/24/02. The patient continued treatment of therapy and a work hardening program. The patient ultimately underwent a 3rd surgery on 1/14/03.

Requested Services

Therapeutic procedure, joint mobilization, ultrasound therapy, physical performance test, group therapy procedure, office visits, work hardening, functional capacity evaluation from 5/3/02 through 7/26/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 32 year-old female who sustained a work related injury to her left ankle on ____. The ___ physician reviewer also noted that the patient sustained a talonavicular dislocation, talar neck fracture and a severe calcaneal fracture. The ___ physician reviewer indicated that initially a closed manipulation and closed management failed. The ___ physician reviewer explained that the patient was initially treated with extensive physical therapy program that included active and passive modalities and then underwent internal fixation on 10/9/01. The ___ physician reviewer indicated that the patient underwent radiographs on 4/2/02 and a CT scan on 4/24/02 and was then treated with additional physical therapy and a work hardening program from 5/3/02 through 7/26/02. The ___ physician reviewer also indicated that the patient underwent a third procedure that included a subtalar fusion and exploration of the tarsal tunnel on 1/14/03. The ___ physician reviewer explained that for this patient's condition, it is customary for a severe foot fracture to have between 4 and 6 months of physical therapy that would included 3 months of 3 sessions per week followed by once or twice a week with an intensive home program. The ___ physician reviewer also explained that for this patient's condition, this treatment would have been completed as of 5/1/02. The ___ physician reviewer indicated that the patient also had a significant pain issue and that an extensive work hardening program was performed between 5/3/02 and 7/25/02. The ___ physician reviewer also indicated that the patient did not respond

to this treatment. The ___ physician reviewer further indicated that it is not clear if the patient's job required a work hardening program for the patient to return to work. The ___ physician reviewer explained that the patient was offered a sedentary position at work. The ___ physician reviewer also explained that a sedentary work position would not indicate the need for a work hardening program before returning to work. Therefore, the ___ physician consultant concluded that the physical therapy and work hardening program, therapeutic procedure, joint mobilization, ultrasound therapy, physical performance test, group therapy procedure, office visits, work hardening, functional capacity evaluation from 5/3/02 through 7/26/02 were not medically necessary to treat this patient's condition.

Sincerely,