

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NO.:**

SOAH DOCKET NO. 453-04-0365.M5

MDR Tracking Number: M5-03-2217-01

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 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 and physical therapy treatment/services rendered 7-1-02 to 8-23-02 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these charges.

The above Findings and Decision are hereby issued this 15th day of August 2003.

Dee Z. Torres
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 7-1-02 through 8-23-02 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 15th day of August 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dzt

August 12, 2003

Re: MDR #: M5-03-2217-01
IRO # 5055

___ has performed an independent review of the medical records of the above-named case to ___ determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Physical Medicine and Rehabilitation.

Clinical History:

This male claimant injured his left ankle in a work-related accident on___. The diagnosis given to the physical therapist is “scope, left ankle,” and that the patient is on crutches. Arthroscopy was done on the lateral aspect of the left ankle. Also, the patient had about 50% weightbearing on the left foot.

Disputed Services:

Therapeutic exercises, office visits, joint mobilization, electric stimulation therapy, hot or cold packs, special supplies, myofascial release, electric current therapy, therapeutic activities, and group therapeutic procedures fro 7/1/02 through 8/23/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the services in question were medically necessary in this case.

Rationale:

The itemized services per day seem reasonable. It seems that what the physical therapist was attempting to do was use different modalities as appropriate to get the patient both weightbearing and to increase range of motion of the foot. It seems there was a neuropathic problem in addition to what probably was traumatic arthritis of the ankle. Apparently the attempt was to decrease pain, increase range of motion, and get the patient ambulating. Because there are many problems with this foot, I believe the different approaches that the physical therapist took were indicated.

The electrical stimulation would passively get the ankle moving. The iontophoresis would be capable of decreasing some inflammation; it is a generally accepted and reasonable modality and is considered useful.

The myofascial release is indicated for chronic pain, and apparently this was chronic by the time the therapist received the patient for therapy.

Joint mobilization is absolutely indicated. Hot or cold packs are useful for decreasing pain. Special supplies were the steroids, and these were indicated.

The therapeutic activities were indicated to get the patient ambulating and as pain-free as possible. The number of visits in this period of time was reasonable.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,