

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. The dispute was received on 6-23-03.

The Medical Review Division has reviewed the IRO decision and determined that the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and therefore; the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 therapeutic procedures, office visits, therapeutic activities, AFO multiligamentous ankle support, and special reports from 7/3/02 to 9/25/02 were not found to be medically necessary. The therapeutic procedures, office visits, therapeutic activities, and special reports for services provided to the lumbar spine from 7/23/02 to 9/9/02 were found to be medically necessary. The respondent raised no other issues for denying reimbursement for the above listed services.

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 7-3-02 through 9-25-02 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 19th day of September 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

September 5, 2003

Re: IRO Case # M5-03-2662-01, Amended per TWCC

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, Rule 133.308 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 Orthopedic Surgery and has been admitted to the TWCC 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 reportedly got his feet tangled in the hose of a carpet cleaning machine causing him to fall down a flight of stairs on ___. The initial injury report states that the patient complained of low back pain, neck pain, and severe right ankle pain. Initial medical evaluation reports findings consistent with a cervical and lumbar strain/sprain, with degenerative disk disease of the lumbar spine and a stress fracture of the right ankle. A 2/25/02 CT scan of the right ankle demonstrated an osteochondral lesion of the medial talar dome consistent with osteochondritis dissecans. An MRI of the lumbar spine demonstrated evidence of lumbar disk disease at multiple levels. NCV/EMG testing revealed no evidence of radiculopathy. The patient underwent right ankle arthroscopy with chondral debridement and abrasion arthroplasty of the osteochondral lesion and limited synovectomy on 5/15/02.

He also underwent orthopedic evaluation of the lumbar spine, and epidural steroid injections were recommended and performed. The patient underwent post-surgical rehabilitation for his right ankle beginning on 5/28/02. He also was placed in spinal rehabilitation beginning 7/23/02 following epidural steroid injections.

Requested Service(s)

Therapeutic procedures, office visits, therapeutic activities, AFO multiligamentous ankle support, special reports 7/3/02 –9/25/02.

Decision

I agree with the carrier's decision to deny the requested treatment and services rendered for the right ankle from 7/3/02 to 9/25/02, (which includes all of the disputed treatment 7/3/03 – 7/22/03, all of the treatment 9/25/02, and the units of treatment related to the right ankle 7/23- 9/9/02)

I disagree with the decision to deny the requested units of treatment and services provided for the patient's lumbar spine from 7/23/02-9/9/02

Rationale

Supervised physical therapy three times per week of the right ankle for a few weeks following arthroscopy is appropriate care. The patient reportedly received daily rehab treatments following surgery from 5/28/02 to 7/29/02. After completing physical therapy three times per week, an appropriate home exercise program should be sufficient to restore the patient's right ankle to full strength and function.

The patient reportedly received three ESIs from 7/17/02 to 8/21/02. It is appropriate to perform supervised physical therapy three times per week over the course of this treatment to help maximize the benefit of the injections.

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

Sincerely,
