

MDR Tracking Number: M5-03-2959-01

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 July 15, 2003.

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 determination that the somatosensory testing was 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 fees were the only fees involved in the medical dispute to be resolved. As the treatment somatosensory testing was not found to be medically necessary, reimbursement for date of service from 3/4/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 16th day of September 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

NOTICE OF INDEPENDENT REVIEW DECISION

September 10, 2003

MDR Tracking #: M5-03-2959-01
IRO Certificate #: IRO4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional has signed a certification statement stating 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 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 this case.

Clinical History

This patient was injured when he jumped about four feet off of a conveyor belt and landed, twisting his left foot/ankle on ___ which immediately began to swell. An MRI dated 01/21/03 revealed a ganglion cyst posterior to the talus on the medial aspect and a possible area of bone bruising or inflammation. He has been under the care of a chiropractor for treatment and testing.

Requested Service(s)

Somatosensory testing on 03/04/03

Decision

It is determined that the somatosensory testing was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

There is not sufficient clinical documentation to warrant the application of somatosensory evoked potential (SSEP) testing. It is not clear how these diagnostics would effect the future treatment of this patient's medical condition.

It is possible that this patient has developed an entrapment or other sinister process in the left foot/ankle and it would be relevant to rule in/out these potential processes prior to moving forward in the treatment of this patient's medical condition.

The data that could be obtained by performing an SSEP is of little or no clinical importance in the management of this patient's condition. Thus, it is not clear why the procedure was recommended and performed. Therefore, it is determined that the somatosensory testing was not medically necessary.

The aforementioned information has been taken from the following guidelines of clinical practice and clinical references:

- Lorei MP, Hershman, EB. *Peripheral nerve injuries in athletes. Treatment and prevention.* Sports Med. 1993 Aug;16(2):130-47.
- Posuniak EA. *Electrodiagnosis and nerve conduction studies.* Clin Podiatry. 1984 Aug;1(2):279-90.

Sincerely,