

MDR Tracking Number: M5-03-3123-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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. This dispute was received on 7-30-03.

The IRO reviewed left ankle arthroscopy with extensive debridement, unlisted arthroscopy procedure, short leg splint, and arthrocentesis intermediate joint (ankle) on 7-31-02 that were denied as not medically necessary.

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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

The respondent submitted a letter dated 8-20-03 stating that a payment of \$2,225.50 would be mailed on 8-21-03 under check # DA47278918.

On 10-13-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

On 1-29-04, the requestor submitted a withdrawal letter for codes 29898-85, 29515-85, and 20605-85, which had no EOB. Therefore, no fee issues remain to be resolved.

The above Findings and Decision are hereby issued this 29th day of January 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for date of service 7-31-02 in this dispute.

This Order is hereby issued this 29th day of January 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

September 25, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-3123-01
 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 §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 ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer 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 working as a helper/scaffold builder on ____ when he injured his left ankle. An ankle MRI showed no significant findings although physical exam revealed tenderness along the anterior talofibular ligament and calcaneofibular ligament. His preoperative diagnosis was synovitis with small cartilaginous lesion.

Requested Service(s)

Left ankle arthroscopy with extensive debridement, unlisted arthroscopy procedure, short leg splint, and arthrocentesis intermediate joint (ankle) on 07/31/02

Decision

It is determined that the left ankle arthroscopy with extensive debridement, unlisted arthroscopy procedure, short leg splint, and arthrocentesis intermediate joint (ankle) on 07/31/02 was medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Based on the medical records available for review, the ankle arthroscopy of 07/31/02 was medically indicated to fully evaluate and treat the ankle injury of ____.

The surgical procedure was preauthorized. The negative MRI was obtained prior to the local injection. Arthroscopy was performed for both diagnostic and therapeutic considerations. Therefore, it is determined that the left ankle arthroscopy with extensive debridement, unlisted arthroscopy procedure, short leg splint, and arthrocentesis intermediate joint (ankle) on 07/31/02 was medically necessary.

Sincerely,