

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-04-1957.M5

MDR Tracking Number: M5-03-3274-01

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 August 13, 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 office visits, therapeutic exercises, joint mobilization, and electrical stimulation and range of motion 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 fees were the only fees involved in the medical dispute to be resolved. As the office visits, therapeutic exercises, joint mobilization, and electrical stimulation and range of motion were not found to be medically necessary, reimbursement for dates of service from 4/9/03 through 5/7/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19th day of November 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

NOTICE OF INDEPENDENT REVIEW DECISION

Amended Letter
Note: Decision

October 22, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-03-3274-01
IRO Certificate #: IRO 4326

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 Medicine. ___ 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 fell approximately ten feet from a scaffold on ___ and sustained a comminuted fracture of his right distal tibia. He had surgery performed on 06/09/01 but continued to have problems with pain and swelling. He has had lengthy physical therapy and needed to wear an ankle brace for support. The patient was referred to another orthopedic surgeon and had an arthroscopic right ankle adhesiolysis performed on 02/13/03. Chiropractic treatment and physical therapy were ordered post operatively.

Requested Service(s)

Office visits, therapeutic procedure, joint mobilization, range of motion testing, and electrical stimulation from 04/09/03 through 05/07/03

Decision

It is determined that the office visits, therapeutic procedure, joint mobilization, range of motion testing, and electrical stimulation from 04/09/03 through 05/07/03 were not medically necessary to treat this patient's medical condition.

Rationale/Basis for Decision

This patient was released to light duty work along with continuation of physical therapy by his treating physician on 04/02/02. He was working until he saw the chiropractor who took him off work on 08/19/02. He underwent additional right ankle surgery on 02/12/03 and subsequently began a post operative rehabilitation program four times per week. The records reveal he was able to perform five units of therapeutic exercises from the first date of post surgical therapy.

Based upon the previous amount of therapy he had received and his favorable response to post surgical rehabilitation, six weeks of therapy would be appropriate for his recovery. Over the course of the six weeks the patient should have been properly instructed in and progressed to a home exercise program for his chronic, ongoing problems. The records do not properly document or support the need for an ongoing supervised exercise program in this case.

National treatment guidelines allow for a post surgical rehabilitation program but not of the magnitude and intensity this patient has received. Therefore, it is determined that the office visits, therapeutic procedure, joint mobilization, range of motion testing, and electrical stimulation from 04/09/03 through 05/07/03 were not medically necessary.

Sincerely,