

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, 2002 and Commission Rule 133.305 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 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 all the services performed and billed from 08-06-01 through 11-30-01 were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the medical necessity fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 08-06-01 to 11-30-01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 22nd day of May 2002.

Dee Z. Torres, Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and subsequently re-delegated by Virginia May, Deputy Executive Director.

May 7, 2002

Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 40
Austin, TX 78704-7491

Re: **AMENDED INDEPENDENT REVIEW DECISION**
Medical Dispute Resolution
MDR #: M5-02-2024-01
IRO Certificate No.: 5055

Dear

Following is an amended report from the reviewing chiropractor of the above-named case. This amended report is to address the issues outlined in your letter

of 04/17/02, in which you point out the failure of the reviewer to consider certain services rendered.

Note the revision of the first paragraph in section "C. OPINION", on page two.

Please contact me if further information is required.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning Case File #M5-02-2024-01, in the area of Chiropractic. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. TWCC letter of assignment for IRO, dated 3/11/02, one page.
2. TWCC-60; Requestor: _____, 6 pages.
3. Letter from _____, dated 3/19/02, 2 pages.
4. _____ Guidelines, _____, 1995 CPT Code Book, 4 pages.
5. TWCC Rule 131.1001(H).
6. TWCC Medical Dispute Resolution Final Decision Report, dated 12/03/01; missing page 2 of 6 pages.
7. Designated Doctor Evaluation Report, _____, 5 pages.
8. Addendum to Designated Doctor Evaluation Report, _____, dated 1/28/02, 3 pages.
9. _____, _____, dated 12/26/01, 3 pages.
10. _____, _____, dated 6/26/01, 3 pages.
11. _____ Health operative report, removal of ankle joint implants, _____, dated 11/07/00, one page.
12. Written communication notes, apparently from provider, _____, 5 pages.
13. Progress notes, _____, from 8/06/01 to 11/30/01.

B. SUMMARY OF EVENTS:

The patient is a 41-year-old Hispanic male who was employed as a laborer at _____ at the time of his Worker's Compensation claim of _____. Reportedly, the patient "was standing next to a water trailer, the tongue of the trailer was resting on a box. The box collapsed, and the tongue fell on his ankle, fracturing it. X-rays at _____ revealed a displaced bimalleolar fracture of the left ankle."

4/20/00: _____, open reduction of ankle fractures and insertion of stabilization hardware.

8/19/00: Change of treating doctors to _____.

9/10/00: NCV, "Evidence suggesting deep peroneal entrapment neuropathy at fibular head, manifested by the presence of the peroneal motor conduction block seen at the fibular head."

11/07/00: Ankle surgery for hardware removal with two notations made, "The fracture was healed."

9/20/01: RME (Required Medical Examination), ___ (no report available for review).

11/07/01: Designated Doctor Exam, ___, who agreed with ___ findings, opinions, MMI date of 9/20/01, and impairment of zero percent (0%).

9/00 to Present: The patient has been receiving care under the direction of ___ which appears to have consisted of physical medicine and mobilization. Apparently, office visits have exceeded 140 visits since the beginning of his care.

C. OPINION:

With regard to the office visits, treatments, and procedures on the following dates:

August 6, 8, 10, 13, 15, 17, 20, 22, 24, 27

September 6, 7, 10, 12, 14, 17, 19, 21, 26, 28

October 10, 15, 17, 19, 22, 24, 26, 31

November 5, 7, 9, 12, 14, 15, 23, 26, 28, 30 --

I AGREE WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE.

The Requestor's rationale for increased reimbursement or a refund:

MFG Medical Ground Rules (I)(B)(b) contains information about 99213, billing with a modifier--MP. E/M Ground Rules (VI)(B) contains information related to use of 99211-99215 codes.

134.1003(f)(2)(A) Primary Level of Care Guidelines. (This patient should be in tertiary level of care.) Thus, does not support the Requestor's position.

134.1003(e)(A)(4)(G) - Unsure of the point that provider is trying to make. This is not a good rule number, and thus does not support the Requestor's position.

134.1006 - This rule could not be found on TWCC website. Thus, does not support the Requestor's position.

TITLE V. WORKER'S COMPENSATION.
SUBTITLE A. TEXAS WORKER'S COMPENSATION ACT
SUBCHAPTER B. DEFINITIONS

Section 401.011 - General Definitions

- (31) "Medical benefit" means payment for health care reasonably required by the nature of a compensable injury and intended to;
- (a) Cure or relieve the effects naturally resulting from the compensable injury, including reasonable expenses incurred by the employee for necessary treatment to cure and relieve the employee from the effects of an occupational disease before and after an employee knew or should have known the nature of the disability and its relationship to the employment;
 - (b) Promote recovery; or
 - (c) Enhance the ability of the employee to return to or retain employment.

Documentation reviewed failed to support any of the above-mentioned goals. Documentation fails to support the tertiary level of care guidelines for fractured ankle. As described in TWCC Figure 13: 28TAC 134.1003 (f)(5)(A).

D. ADDITIONAL COMMENTS:

____, included in the final comment in her letter dated March 19, 2002: "It is ____ policy to reimburse for one office visit per month to the treating doctor after peer review from medical management..." It is my opinion that this is also appropriate for proper medical management to monitor the worker's injury and to encourage the injured employee to return to the workforce.

E. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 6 May 2002