
prevailed

the requestor

refund the requestor \$650.00

medical necessity was the only issue

NOTICE OF INDEPENDENT REVIEW DECISION

May 31, 2002

David Martinez
Chief, Medical Dispute Resolution
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 40
Austin, TX 78704-7491

RE: Injured Worker:
MDR Tracking #: M5-02-2077-01
IRO Certificate #: 4326

____ 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 32 year old male was injured on the job on ____ when he was repelling and injured his left foot. The patient underwent an ORIF of the left ankle on 10/30/00 and then physical therapy. He had a second surgery on 02/12/01 for removal of hardware. The patient participated in a work hardening program between 03/26/01 and 04/16/01.

Requested Service(s)

Work hardening program billed as CPT codes 97545 and 97546 between 03/26/01 and 04/16/01.

Decision

It is determined that the work hardening program billed as CPT codes 97545 and 97546 between 03/26/01 and 04/16/01 was medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Mid foot injuries are very disabling. This is especially true in a very active person (athletic) such as this patient. His surgical treatment was successful and his return to high level activity in police work was attainable only through appropriate, specialized therapy and motivation. Both situations existed here, resulting in an excellent outcome. Therefore, the work hardening program was medically necessary treatment.

Sincerely,

