

MDR Tracking Number: M5-02-2081-01

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 the MRI rendered was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the MRI rendered was the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for date of service from 10/6/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 15<sup>th</sup> day of July 2002.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

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 7/15/02.

July 12, 2002

Rosalinda Lopez  
Texas Workers' Compensation Commission  
Medical Dispute Resolution  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

**REVISED LETTER**

Re: Medical Dispute Resolution  
MDR #: M5-02-2081-01  
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

This letter is to correct a review dated June 10, 2002 in which we incorrectly stated "REVIEWER OF THIS CASE AGREES WITH ...MADE BY THE REQUESTOR." THIS SHOULD HAVE READ "AGREES WITH DETERMINATION...OF INSURANCE CARRIER." This is now corrected below. This revised letter **IN NO WAY** changes the opinion of the reviewer.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician Board Certified in Orthopedic Surgery.

THE REVIEWER OF THIS CASE **AGREES** WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted.

Sincerely,

### **MEDICAL CASE REVIEW**

This is for \_\_\_. I have reviewed the medical information forwarded to me concerning TWCC Case File #M5-02-2081-01, in the area of Orthopedics. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

Documents were provided covering the initial examination and treatment, including:

1. The examining physician's report.
2. X-ray reports of plain x-rays and an MRI.

B. SUMMARY OF EVENTS:

The patient sustained an ankle injury, and was seen in follow-up by the treating physician. The treating physician ordered an MRI which was negative other than showing a sprain, and a diagnosis of ankle sprain was made.

The question is whether an MRI was necessary at two weeks for evaluation of an ankle sprain.

C. OPINION:

I AGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE.

I do not feel that an MRI is normally necessary for the evaluation of routine ankle sprains. I do not see an explanation as to an unusual occurrence here that would require an MRI. Occasionally, an MRI can be done to rule out an osteochondral fracture or some occult injury. I do not see this as a consideration in the notes. In my practice, I would save an MRI until further down the road two to three months; if a patient was not progressing satisfactorily, that might be considered at that time.

D. 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.

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Date: 8 June 2002