

MDR Tracking Number: M5-05-0641-01

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 10-26-04.

The IRO reviewed office visits, neuromuscular re-education, gait training, therapeutic exercises, unlisted modality, paraffin bath, and electrical stimulation from 2-10-04 through 2-27-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agreed with the previous adverse determination that the office visits, neuromuscular re-education, gait training, therapeutic exercises, unlisted modality, paraffin bath, and electrical stimulation were not medically necessary. Consequently, the requestor is not owed a refund of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only issue involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 2-10-04 to 2-27-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 14th day of January 2005.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

Enclosure: IRO Decision

January 12, 2005

Texas Workers Compensation Commission
MS48
7551 Metro Center Drive, Suite 100
Austin, Texas 78744-1609

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-05-0641-01
TWCC #:
Injured Employee:
Requestor: Todd L. Bear, D.C.
Respondent: St. Paul Ins. Co. c/o Flahive Ogden & Latson
MAXIMUS Case #: TW04-0504

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The MAXIMUS chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 45 year-old male who sustained a work related injury on _____. The patient reported that while at work he sustained an injury to his left foot and ankle when he stepped off a rail. The patient reportedly sustained a displaced fracture medial malleolus of the left ankle. On 11/25/03 the patient underwent open reduction with internal fixation. Postoperatively the patient was treated with physical therapy consisting of neuromuscular reeducation, gait training, therapeutic exercises, and electrical stimulation.

Requested Services

Office visits (99211 & 99213), neuromuscular reeducation, gait training, therapeutic exercises, unlisted modality, paraffin bath, and electrical stimulation unattended from 2/10/04 through 2/27/04.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Medical Record Review 3/6/04
2. CT report 1/30/04
3. Progress Notes 2/10/04 – 2/27/04

Documents Submitted by Respondent:

1. Medical Record Review 6/9/04, 3/6/04, 12/5/03
2. CT report 1/30/04
3. Progress Notes 2/10/04 – 2/27/04

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The MAXIMUS chiropractor reviewer noted that this case concerns a 45 year-old male who sustained a work related injury to his left foot and ankle on _____. The MAXIMUS chiropractor reviewer also noted that the patient sustained a displaced fracture medial malleolus of the left ankle and underwent open reduction with internal fixation on 11/25/03. The MAXIMUS chiropractor reviewer further noted that postoperatively the patient was treated with physical therapy consisting of neuromuscular reeducation, gait training, therapeutic exercises, and electrical stimulation. The MAXIMUS chiropractor reviewer explained that the treatment notes for the dates in question failed to demonstrate that the patient made any progress with the treatment rendered. The MAXIMUS chiropractor reviewer also explained that the treatment notes indicated that the patient failed to show improvement one month after treatment began. The MAXIMUS chiropractor reviewer further explained that the documentation provided does not support the medical necessity of the treatment rendered. Therefore, the MAXIMUS chiropractor consultant concluded that the office visits (99211 & 99213), neuromuscular reeducation, gait training, therapeutic exercises, unlisted modality, paraffin bath, and electrical stimulation unattended from 2/10/04 through 2/27/04 were not medically necessary to treat this patient's condition.

Sincerely,
MAXIMUS

Elizabeth McDonald
State Appeals Department