

**MDR Tracking Number: M5-05-0980-01**

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 November 18, 2004.

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 aquatic therapy/exercises, massage therapy, electric stimulation, therapeutic exercises, and whirlpool therapy from 07-01-04 through 08-04-04 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 medical necessity was the issue involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 07-01-04 to 08-04-04 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 21<sup>st</sup> day of January 2005.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

PR/pr

Enclosure: IRO decision

**Envoy Medical Systems, LP**  
**1726 Cricket Hollow**  
**Austin, Texas 78758**  
Fax 512/491-5145

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

January 11, 2005

**Re: IRO Case # M5-05-0980-01**

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed in Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Chronological order of case management record
4. Initial exam report Dr Howell 5/28/04
5. Interim exam report Dr. Howell 6/25/04
6. Re evaluation narrative Dr. Howell 8/3/04, 8/23/04
7. MRI report right ankle 6/18/04
8. Mental health review 8/6/04
9. FCE reports 6/21/04, 8/15/04
10. SOAP notes Dr. Howell
11. TWCC work status reports

History

The patient twisted and injured his right ankle in \_\_\_\_\_. He had had a previous ankle injury in \_\_\_\_\_. He saw the treating D.C. for chiropractic treatment on 5/28/04.

Requested Service(s)

Aquatic therapy/exercises, massage therapy, electric stimulation, therapeutic exercises, whirlpool therapy  
7/1/04 – 8/4/04

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

The patient's initial VAS was 7/10, and on 8/3/04, after some two months of treatment, his VAS was 6/10 with mild swelling around the lateral malleolus. Palpation still produced moderate pain as of 8/3/04. As of 7/1/04 the patient made very minimal progress and should have been placed on a home-based exercise program. The D.C.'s treatment never changed, despite the patient's failure to respond. The patient's range of motion did improve with treatment, but the patient still complained of moderate pain, with no plan to return to work. Based on the documentation provided, the patient should have been placed on a home based exercise program as of 7/1/04, with medication to help decrease his pain. There would not be benefit from continued treatment.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

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Daniel Y. Chin, for GP