Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity

PART I: GENERAL INFORMATION

Type of Requestor: ( ) Health Care Provider (X) Injured Employee ( ) Insurance Carrier

Requestor=s Name and Address:	MDR Tracking No.: M5-07-0303-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Box 43	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position summary states, "Dr. Grimm provided a Letter of Medical Necessity. JI denied my claim twice, stating my employer should provide the boots…I feel JI should provide me with the necessary footwear to prevent this injury from reoccurring..."

Principle Documentation:

1. DWC-60/Table of Disputed Service
2. Receipt for out of pocket expenses
3. EOB's

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position summary states, "It is the carrier's position, the department provides equipment, including but not limited, to Fire Fighting Boots, and it is not the responsibility of the Self-Insured to reimburse the employee for the cost."

PART IV: SUMMARY OF DISPUTE AND FINDINGS - Medical Necessity Services

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
2-16-06	Fire Fighting Boots	☒ Yes ☐ No	$263.05
	Total Due		$263.05

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Division Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), Medical Dispute Resolution assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the Requestor and Respondent.

The Division has reviewed the enclosed IRO decision and determined that the Requestor did prevail on the disputed medical necessity issues. Per Rule 134.202(d)(2) the amount due the Requestor for the items denied for medical necessity is $263.05.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 134.1, 134.202
Texas Labor Code Sec.§ 413.011(a-d), 413.031

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the Requestor is entitled to reimbursement in the amount of $263.05. The Division hereby **ORDERS** the Respondent to remit this amount due to the Requestor within 30 days of receipt of this Order.

Findings and Decision and Order by:

		02-11-07
Authorized Signature	Typed Name	Date of Order

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
7502 GREENVILLE AVENUE
SUITE 600
DALLAS, TEXAS 75231
(214) 750-6110
FAX (214) 750-5825

February 8, 2007
January 30, 2007

REVISED REPORT

Re:	Medical Dispute Resolution
MDR#	M5-07-0303-01
DWC#	___
Injured Employee:	___
DOI:	___
SS#:	___
IRO Certificate #:	IRO5313
Name of Requestor:	___
Name of Provider:	Douglas J. Grimm, D.P.M.
Reviewed by:	D.P.M.

TRANSMITTED VIA FAX TO:
Medical Dispute Resolution
TDI-Division of Workers' Compensation
FAX: 512-804-4868

Dear Mr.___:

In accordance with the requirements for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Southwest Medical Examination Services, Inc. (SMES) for an independent review. In performing this review, SMES reviewed relevant medical records, any documents provided by the parties referenced above, and documentation and written information submitted in support of the dispute.

I am an officer of Southwest Medical Examination Services, Inc. and I certify that the reviewing physician 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.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is certified in the area of podiatry, and is currently listed on the DWC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

Medical records from the Requestor include:

- Texas Department of Insurance, 03/18/03, 11/14/06
- Firefighter Depot, 02/16/06
- JI Specialty Services, 10/30/06

- ___, 10/26/06, 11/13/06
- Human Resources, undated
- Foot Associates of Central Texas, 02/10/06
- Fuegostore.com, undated
- SBA, undated
- Employer's First Report of Injury or Illness, ___
- ___, 01/31/02, 02/04/02, 02/13/02, 02/20/02, 02/21/02, 02/27/02, 03/04/02, 03/06/02, 03/07/02, 03/11/02, 03/13/02, 03/17/02, 03/18/02, 03/20/02, 03/22/02, 03/25/02, 04/01/02, 04/08/02, 04/11/03, 04/15/02, 04/24/02, 05/10/02, 05/13/02, 05/24/02, 05/30/02, 09/13/02, 01/17/03, 02/20/03, 03/20/03, 08/15/03, 02/10/06

Medical records from the Respondent include:

- JI Specialty Services, 10/30/06, 01/11/07
- Texas Department of Insurance, 11/14/06
- Firefighter Depot, 02/16/06
- Foot Associates of Central Texas, 02/10/06
- Fuegostore.com, undated
- SBA, undated
- Don A. Salyer, D.C., 06/11/02. 06/20/02
- 09/13/02
- Douglas J. Grimm, D.P.M., 02/10/06

Medical records from the Treating Doctor include:

- Foot Associates of Central Texas, 05/10/02, 05/24/02, 05/29/02, 06/14/02, 09/13/02, 01/17/03, 04/11/03, 08/15/03, 02/10/06

Clinical History:

The patient had a history of work injury on ___, with heel pain and working as a firefighter. His job aggravates his left heel. The patient initially was treated by Dr. Robert Meyer for treatment of orthotics, proper shoe wear, myofascial release, and physical therapy.

The patient had ultrasound treatment for the heel in April of 2003.

The patient purchased fire fighting boots. The boots are brand name Pro Warrington – Model 4132.

The patient was diagnosed previously with plantar fasciitis, 728.71, and ankle sprain, 805.10.

Disputed Services:

Fire Fighting Boots

Decision:

According to the diagnosis of plantar fasciitis, the patient bought the firefighter boot to control pronation of the heel and to reduce symptoms of plantar fascial heel pain. Therefore, I am in agreement with the treatment.

Rationale:

The rationale for the treatment is based on the control of pronation of the heel due to a history of plantar fasciitis and treatment previously of osteotripsy. The patient has a chance of reoccurrence if the pronation is prolonged for long periods of time.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with Southwest Medical Examination Services, Inc. is deemed to be a Division decision and order.

YOUR RIGHT TO REQUEST A HEARING

If you are unhappy with this decision, you may seek judicial review of the decision. (Texas Labor Code, 413.031k) To seek such an appeal, a petition for judicial review must be filed with the Travis County District Clerk's Office in Austin, Texas not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. (Subchapter G, Chapter 2001, of the Texas Government Code) Neither the Department of Insurance nor the Division of Workers' Compensation is considered a party to the medical dispute in a judicial review. You may wish to consult with an attorney of your choice to assist you in filing an appeal. The Division of Workers' Compensation cannot assist or provide legal advice to you in this matter."

In accordance with Division Rule 102.4(b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor and claimant via facsimile or US Postal Service from the office of the IRO on this 30th day of January 2007.

Sincerely,

John Turner
Southwest Medical Examination Services, Inc.