

May 23, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0560-01

IRO Certificate No.: I RO 5055

Dear

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). Texas Workers' Compensation Commission Rule 133.308 "Medical Dispute Resolution by an Independent Review Organization", effective January 1, 2002, allows an injured employee, a health care provider and an insurance carrier to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician Board Certified in Psychiatry, Neurology and Electrodiagnostic Medicine.

THE PHYSICIAN REVIEWER IN THIS CASE PARTIALLY AGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE. ONE INTRA-ARTICULAR STEROID INJECTION IN THE OFFICE (NOT UNDER FLUOROSCOPY CONTROL) IS MEDICALLY NECESSARY. THERE IS NO MEDICAL NECESSITY FOR A SERIES OF THREE INTRA-ARTICULAR STEROID INJECTIONS UNDER FLUOROSCOPY GUIDANCE.

I am the Secretary and General Counsel of ___ 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.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **ten (10)** days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **twenty (20)** days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5)** days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 23rd day of May, 2002.

Sincerely,

Secretary & General Counsel

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning Case File #M2-02-0560-01, in the area of Physical Medicine and Rehabilitation, my Board-certified specialty. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of reimbursement for a series of three intraarticular steroid injections of the right ankle in an outpatient surgical center under fluoroscopy.
2. Treating physician's progress notes and documentation.
3. Radiographs and other imaging study reports.

B. SUMMARY OF EVENTS:

This is a 22-year-old lady who reports that she was at her desk when the desk apparently collapsed. The desk hit her right leg at the level of her knee, and, apparently, a twisting injury to the right knee and right ankle was sustained. Documentation of the knee noted intra-articular pathology to include a meniscal injury. This was treated arthroscopically, and she did quite well. There was also a complaint of ankle pain, and an additional diagnosis of ankle sprain was made. However, it should be noted that on imaging studies, particularly MRI dated October 11, 2000, there was, among other things, "no evidence of fracture, avascular necrosis, or transchondral defect." Additionally, the medial and lateral ankle ligamentous complexes were intact, and there was no evidence of any intra-articular or extra-articular pathology identified.

The knee pain apparently resolved, and she then came under the care of _____. At the time of his initial evaluation on October 25, 2000, among the diagnoses made by _____ were a contusion to the right knee and

right ankle internal derangement syndrome.

Over the next ensuing months ___ saw this lady on a monthly basis, noting complaints of pain and edema to the ankle, and his diagnosis continued to be "internal derangement syndrome." There was never any specific pathology identified within the intra-articular surfaces of the ankle.

___ continued to see this lady on a monthly basis. There were ongoing complaints of pain and, at times, it would appear that all the methodologies identified did not ameliorate any of the symptomatology noted in the progress notes of the treating doctor.

In January of 2002, an evaluation by ___ was completed. This independent evaluation noted that there was no swelling of the lower extremity, particularly of the ankle. The physical examination report specifically notes that muscle strength was full (5/5), proximal and distal. There was diffuse and not anatomic pain to palpation, and there was no identification of any specific intraarticular or extra-articular pathology, particularly to the right ankle. Clearly, there were complaints of pain, but again no pathology identified.

She continued to follow up with ___ who reported ongoing pain and treated her with oral analgesics and non-narcotic analgesics at that time, but he failed to identify any specific pathology.

In February of 2002, he elected to do a series of three intra-articular steroid injections under fluoroscopy guidance. This was denied by the carrier. An adverse determination was made, in that there was no clinical indication and this was not the accepted standard of care. This initial determination was appealed, and a similar finding was made by an additional provider. It is not clear which physicians provided both of these assessments.

C. OPINION:

I PARTIALLY AGREE WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENTS IN THIS CASE.

I believe that there is an indication for one intra-articular steroid injection completed in the office. There is no need to have fluoroscopy guidance to complete this very routine outpatient intra-office procedure.

The purpose of this is that there are complaints of pain, with no identification of pathology, and a trial of one injection would be appropriate to determine if there is any indication of efficacy of this procedure. Given the complaints of pain and the lack of pathology, this trial would be warranted simply to determine if this could ameliorate the symptomatology.

This determination is made under generally accepted medical guidelines, and particularly from procedural guidelines of the Physical Medicine and Rehabilitation text, identification of the proper procedure to do an intra-articular injection. In particular, with the ankle, an anterior approach is very easy to accomplish, and with the insertion of steroids throughout the intercapsular area the distribution should be encompassed.

Therefore, it would be my opinion that one injection done in the office (not under fluoroscopy control) would be indicated. There is no indication for a series of three injections at this 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.

Date: 22 May 2002