

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 21, 2004

Re: IRO Case # M2-04-1357

Texas Worker's Compensation Commission:

___ 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 ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ 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 Podiatric Medicine, who is an Associate of the American Board of Podiatric Surgery, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. 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 ___ 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 ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters
3. DPM office notes
4. Operative reports 10/26/00, 7/31/02
5. MRI report 8/11/00
6. Medical records review 12/27/02
7. Report of medical evaluation 8/29/02, 10/5/00

8. Appeal letter

History

The patient sustained a foot injury in _____. She was originally treated by a chiropractor, and then referred to a foot and ankle specialist. The patient was diagnosed with a torn Tibialis Posterior tendon. Extensive surgical management was delivered. Years later the patient has developed degenerative joint disease in the ankle requiring additional surgery.

Requested Service(s)

Removal of internal fixation rt ankle/ft and exostectomy – lateral talar rt ft/ankle

Decision

I disagree with the carrier's decision to deny the requested procedure.

Rationale

Degenerative arthritis can result from a trauma of this nature. Unfortunately, this is a progressive condition. The condition was made worse by the necessary sub talar joint arthrodesis performed on 10/26/00. The treating DPM adequately documented the presence of an exostosis at the posterior lateral aspect of the ankle. He states that the exostosis is enlarged compared to the previous radiographs. Removal of the exostosis is within the standard of care for treatment of degenerative joint disease of the ankle. Additionally, removal of the 7.3 mm screw at the calcaneus is appropriate management for painful retained internal fixation.

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

YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the 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 **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

Sincerely,

In accordance with Commission 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 or claimant via facsimile or US Postal Service from the office of the IRO on this 21st day of June 2004.