

June 9, 2005

Re: MDR #: M2-05-1615-01 **Injured Employee:**
TWCC#: **DOI:**
IRO Cert. #: 5055 **SS#:**

TRANSMITTED VIA FAX TO:
Texas Workers' Compensation Commission
Attention:
Medical Dispute Resolution
Fax: (512) 804-4868

RESPONDENT:
FFIC c/o FOL
Attention: Katie Foster
(512) 867-1733

TREATING DOCTOR:
Brad S. Tolin, MD
(210) 545-1284

Dear Ms. ____:

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

I am the Secretary and General Counsel of Independent Review, 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 care for determination prior to referral to the Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is board certified in Orthopedic Surgery and is currently listed on the TWCC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. 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, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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 June 9, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/th

**REVIEWER'S REPORT
M2-05-1615-01**

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information from Respondent:

Correspondence

Information from Treating Doctor:

Office notes 07/23/04 – 04/07/05

Physical therapy note 08/25/04

Radiology reports 07/21/04 – 08/03/04

Clinical History:

The patient is a 38-year-old female who suffered a work-related injury to her right ankle on _____. She developed chronic synovial impingement syndrome that failed to respond to conservative measures including physical therapy and orthotics. An MRI scan was obtained, which was negative. However, a bone scan did show increased activity in the hind foot. She also got second opinion from Dr. Galendo, an ankle specialist, who recommended surgical debridement of the refractor impingement. She did have a steroid injection that gave her short-term relief.

Disputed Services:

Ankle arthroscopy for debriedment with excision of synovial impingement.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the procedures in dispute as stated above are medically necessary in this case.

Rationale:

The previous medical reviews had used ACOEN guidelines to deny this patient's surgery. Synovial impingement both in the shoulder as well as in the ankle is a clinical diagnosis and does not always have any imaging findings whatsoever. The patient has had adequate treatment that has failed. She is receiving appropriate recommendations for arthroscopic debridement. Surgery is clearly indicated, and the basis for previous denials was inappropriate as synovial impingement in the ankle is a clinical diagnosis and does not require objective imaging findings to substantiate the surgery.