

Parker Healthcare Management Organization, Inc.

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Certificate# 5301

May 27, 2005

ATTN: Program Administrator
Texas Workers Compensation Commission
Medical Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744
Delivered by fax: 512.804.4868

Notice of Determination

MDR TRACKING NUMBER: M2-05-1638-01
RE: Independent review for ____

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 5.2.05.
- Fax request for provider records made on 5.2.05.
- The case was assigned to a reviewer on 5.16.05.
- The reviewer rendered a determination on 5.25.05.
- The Notice of Determination was sent on 5.27.05.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of proposed arthroscopy, ankle and surgical debridement, extensive

Determination

PHMO, Inc. has performed an independent review of the proposed care to determine if the adverse determination was appropriate. After review of all medical records received from both parties involved, the PHMO, Inc. physician reviewer has determined to **uphold the denial** of the proposed arthroscopy, surgical, debridement and extensive on the ankle.

Summary of Clinical History

Mr. ____ sustained an on the job injury _____. He was at work and reported stepping on a peg and twisted his left ankle.

Clinical Rationale

The patient had an arthroscopy of the ankle and subtalar joint with debridement of scar tissue about the subtalar joint and limited debridement of left ankle synovitis and scar tissue, as well as, debridement of bone out of the area of chondromalacia of the ankle. The patient had essentially no improvement as a result of this procedure. Subsequently, the patient had a repeat MRI of the left ankle (12/7/2004) and the

findings of the MRI were essentially the same as the 3/5/2004 MRI. Since no new findings were found on the MRI and a prior procedure was not effective in relieving pain, it is uncertain that the patient would improve with essentially a repeat of the same procedure. Additionally, it can be expected that any scar tissue that is likely to be found, and possibly removed, will likely be reformed as a result of an open procedure. Additionally, other than scar tissue, the prior subtalar arthroscopy did not identify an articular surface abnormality of significance and since the MRI did not change, it is not anticipated that a direct look would find anything of any significance. After review of the records, medical necessity could not be established for the requested procedure(s).

Clinical Criteria, Utilization Guidelines or other material referenced

This conclusion is supported by the reviewers' clinical experience with over 15 years of patient care and orthopedic surgery.

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is a diplomat of the *American Board of Orthopedic Surgery*, and is engaged in the full time practice of medicine.

The review was performed in accordance with Texas Insurance Code §21.58C and the rules of the Texas Workers Compensation Commission. In accordance with the act and the rules, the review is listed on the TWCC's list of approved providers, or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and any of the providers or other parties associated with this case. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Tex. Admin. Code § 148.3). This Decision is deemed received by you 5 (five) days after it was mailed and the first working day after the date this Decision was placed in the carrier representative's box (28 Tex. Admin. Code § 102.5 (d)). A request for hearing should be sent to: Chief Clerk of Proceeding/Appeals , P.O. Box 17787, Austin, Texas 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request. The party appealing the Division's Decision shall deliver a copy of this written request for a hearing to the opposing party involved in the dispute.

I hereby verify that a copy of this Findings and Decision was faxed to TWCC, Medical Dispute Resolution department and the respondent. I hereby verify that a copy of this Findings and Decision was mailed to the injured worker (the requestor) applicable to Commission Rule 102.5 this 27th day of May, 2005. Per Commission Rule 102.5(d), the date received is deemed to be 5 (five) days from the date mailed and the first working day after the date this Decision was placed in the carrier representative's box.

Meredith Thomas, IRO Administrator

CC:

[Claimant]

Liberty Mutual
Attn: Toni Evans
Fax: 864.595.7304