



Specialty Independent Review Organization, Inc.

June 3, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-1684-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Orthopedics. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 34 year old male was injured in a motor vehicle accident. He was driving an 18 wheeler when a person crossed in front of him and he sustained a collision. There was no loss of consciousness. He sustained an isolated injury to his right ankle on _____. He was admitted to Paris Regional Medical Center and X-rays revealed a bimalleolar fracture, Classification Weber 8 type distal fibula fracture. The patient had surgery on 10/21/2004 with an ORIF of the medial and lateral malleolus and the intra-articular tibial fracture.

The patient progressed satisfactorily following the surgery and by 3/21/2005 he still has restricted range of motion. Dorsiflexion of 0 and Plantar flexion 30 degrees. The X-rays reveal loss of articular cartilage on the medial gutter of the talar dome and has collapsed further into varus. There is evidence of callus formation along the fractures. According to Dr. De la Garza,

the patient is developing post traumatic arthritis and will need an arthrodesis in the future.

RECORDS REVIEWED

Concentra Letters – 4/15, 4/28/2005.

Records from Carrier:

Op Note, H & P, X-Rays, ER Note – 10/21/04.

De la Garza, MD – Progress Notes, 11/29/04 through 3/21/05.

PT Notes – 3/23/05 through 4/29/05.

R. Channing DC Letter – 4/1/05.

Records from Doctor/Facility:

No additional records.

REQUESTED SERVICE

The requested service is the removal of right ankle hardware.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

This 34 year old male had an unstable bimalleolar fracture of the right ankle. The patient is now developing traumatic degenerative arthritis as noted on the X-rays. The X-rays also reveal satisfactory healing of the fracture. This patient is being prepared for future surgery and removal of the hardware is important at this time so that the holes of the internal fixation hardware may fill in with bone.

REFERENCES

Campbell's Operative Orthopedics, 10th Edition.

Chapman's Orthopedic Surgery, 3rd Edition.

Browner & Jupiter: Skeletal Trauma, 3rd Edition.

Rockwood & Green: Fractures in Adults, 5th Edition.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings 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 (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 Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 3rd day of June 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli