

MDR Tracking Number: M5-03-0046-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The physical therapy services were found to be medically necessary one hour per day for the ten days. The respondent raised no other reasons for denying reimbursement charges for the physical therapy services, one hour per day for the ten days.

This Finding and Decision is hereby issued this 23rd day of April 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 11/5/01 through 11/16/01 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 23rd day of April 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/cl

NOTICE OF INDEPENDENT REVIEW DECISION

March 5, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0046-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in hand surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating 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 the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work-related injury on ___ when she began to experience discomfort in both hands while working as a mail sorter. The patient was diagnosed with carpal tunnel syndrome and underwent a carpal tunnel release. The patient subsequently developed flexor contractures. As part of her rehabilitation, the patient underwent physical therapy at 4 hours a day from 11/05/01 through 11/09/01 and 11/12/01 through 11/16/01.

Requested Service(s)

Physical therapy services from 11/05/01 through 11/09/01 and 11/12/01 through 11/16/01.

Decision

It is determined that physical therapy services from 11/05/01 through 11/09/01 and 11/12/01 through 11/16/01 were medically necessary to treat this patient's condition. However, 1 hour a day for the 10 days was appropriate therapy.

Rationale/Basis for Decision

The patient's contractures developed most likely as a result of nerve injury, either directly by weakness or indirectly by pain inhibition of range of motion function secondary to nerve compression or in response to post-operative pain. Home physical therapy programs were ineffective and the patient required a comprehensive approach to restore range of motion with success. The treatment plan, however, did not require 4 hours a day of physical therapy. One hour a day for the 10 days was sufficient to treat this patient's condition. Therefore, physical therapy services at 1 hour per day from 11/05/01 through 11/09/01 and 11/12/01 through 11/16/01 were medically necessary.

Sincerely,