

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-2269.M5

MDR Tracking Number: M5-03-0049-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that physical therapy and office visits were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that physical therapy and office visit fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 4/15/02 to 6/7/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 3rd day of January 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

December 11, 2002

Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491

Re: Medical Dispute Resolution
MDR#: M5-03-0049-01
IRO Certificate No.: IRO

Dear:

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic medicine.

Clinical History:

This female patient suffers with carpal tunnel syndrome that was reported on ___, with her right hand being worse than her left. Once a number of months had passed, she had developed a very acute condition. She was experiencing numbness and pain in her right hand.

Disputed Services:

Physical therapy and office visits during the period 04/15/02 through 06/07/02.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the therapy and office visits were not medically necessary in this case.

Rationale for Decision:

The multiple physical therapy and progress notes that were reviewed met TWCC requirements, but some were repetitive in nature. The treating doctor's interest in this patient's spinal column was justified as her case involved the median nerve that arises from the brachial plexus. The anterior primary division of the 5th, 6th, 7th, 8th cervical segments and the 1st thoracic segment form the brachial plexus.

The treating doctor should have recognized the symptoms and signs of bilateral carpal tunnel syndrome much sooner than he did. The use of four modalities (passive) is excessive. The patient had 61 office visits and modalities, which is not usual or customary.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional 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 who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,