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NOTICE OF INDEPENDENT REVIEW DECISION

Date: January 27, 2003

Requester/ Respondent Address : TWCC
4000 South IH-35, MS-48
Austin, Texas 78704-7491

RE: Injured Worker:
MDR Tracking #: M5-03-0699-01
IRO Certificate #: 5242

Forté 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 Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed 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 Family Practice physician reviewer who is board certified in Family Practice. The Family Practice 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

The "Employer's First Report of Injury or Illness" describes a strain, involving both shoulders from typing. Subsequently, the claimant developed hand symptoms, becoming more severe. Workup including electrodiagnostic testing, showing a mild median nerve conduction delay on the left and a normal right upper extremity study. Despite the normal study on the right, the patient was given a diagnosis of bilateral carpal tunnel syndrome. She had extensive physical medicine services.

Requested Service(s)

Office visits, reports, and durable medical equipment from 11/26/01 to 5/15/02

Decision

For the most part, I am in agreement with the insurance carrier that most of the charges are not medically necessary. The following is a table of charges submitted and the appropriate authorized codes as to what is medically necessary.

DATE	CPT CODES	AUTHORIZED CODES
11/26/01	E0235, 99213	E0235, 99212
12/31/01	99213	Not medically necessary
3/11/02	99213, 99080 (TWCC-73)	99212, 99080 (TWCC-73)
3/18/02	99455 L5 WP	Not medically necessary
4/10/02	99213	Not medically necessary
5/15/02	99213, 99080-73	Not medically necessary

Rationale/Basis for Decision

The documentation contains a peer review report from the doctor, part of which states that, “At this point in time, the patient has reached maximum benefit from physical medicine treatment and there is no medical necessity for ongoing supervised therapy.” Evidently the carrier has denied bills for services, in addition to supervised therapy, and the dispute appears to be over these charges.

The office note, dated 11/26/01, states that the claimant was doing well and was given a home paraffin bath for use for her flare-ups. This would appear to be reasonable and necessary to treat the work injury, however, the charge of \$459 for an item that could be purchased from WalMart for under \$100 seems excessive. At this time, the claimant had been followed for a number of months. The office visit of 11/26/01 is reasonable and necessary, but should be down coded to 99212, as the history and physical exam were problem focused, and the medical decision-making straightforward. The office visit on 12/31/01, a month later, is not medically necessary. The claimant, at this point in time, needed to be seen no more frequently than every 4-6 months for routine follow-up. There is nothing in the 12/31/02 office note that suggests any sort of flare-up of symptoms requiring a repeat office visit. The office visit on 3/11/02 is considered reasonable and necessary, however, once again, it is a problem focused visit and should be down coded to 99212. Filling out the TWCC-73 form is an appropriate charge. On 3/11/02, the previous impairment rating of 6% from the impairment examination arranged by the insurance carrier was discussed with the claimant. “I discussed this with the patient and she feels comfortable with the 6%. Will therefore accept this.” The impairment examination performed on 3/18/02 is, therefore, not reasonable and necessary. Office visits on 4/10/02 and 5/15/02 are also not reasonable or necessary. Once again, at most office visits every 4-6 months for follow-up and, if necessary, medication management may be required.

The claimant had returned to work, doing limited typing and other activities for her company by 12/1/01. At this point, conservative home therapy, over the counter anti-inflammatories, and “as

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needed” splinting should suffice for minor flare-ups, and follow-up visits and treatments would be indicated for a significant change or worsening of her symptoms as related to the original work-related injury.

This decision by the IRO is deemed to be a TWCC decision and order.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requester and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 2nd day of June 2003.

Signature of IRO Employee:

Printed Name of IRO Employee: