

MDR Tracking Number: M5-03-1137-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution-General 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. This dispute was received on 1-13-03.

The IRO reviewed chiropractic treatment rendered from 4-29-02 through 5-16-02 that were denied based upon "U".

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(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** 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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On July 16, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
4-25-02 5-23-02	95851 X 2	\$72.00	\$0.00	T	\$36.00 each	HB-2600	Treatment guidelines were abolished on 1-1-02; therefore, the insurance carrier inappropriately denied reimbursement based upon "T". ROM reports supports billed service. Reimbursement is recommended of 2 dates X \$72.00 = \$144.00.
4-26-02	97750MT	\$86.00	\$0.00	F	\$43.00 / body area	Medicine GR (I)(E)(3)	Muscle testing report supports reimbursement of upper extremity muscle testing; therefore, reimbursement of \$43.00 is recommended.
5-14-02	95900-27	\$256.00	\$0.00	D	\$64.00 per nerve	Medicine GR (IV)	Original EOB to support "D – Duplicate" was not submitted; therefore, service will be reviewed in accordance with MFG. Nerve study report was not submitted to support billed service per MFG.

5-14-02	95935-27	\$212.00	\$0.00	D	\$53.00 /per extremity	Original EOB to support "D – Duplicate" was not submitted; therefore, service will be reviewed in accordance with MFG. Nerve study report was not submitted to support billed service per MFG.
TOTAL						The requestor is entitled to reimbursement of <b>\$187.00.</b>

This Decision is hereby issued this 15<sup>th</sup> day of October 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

**ORDER.**

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 4-25-02 through 5-23-02 in this dispute.

This Order is hereby issued this 15<sup>th</sup> day of October 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

July 7, 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 #: M5-03-1137-01  
IRO Certificate #: IRO 4326

The \_\_\_ 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 Rule §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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_ health care professional 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 repetitive injury \_\_\_ from her job where she types most of the day. An electromyography (EMG) study revealed mild left carpal tunnel syndrome. Conservative therapies had failed so she subsequently had a left carpal tunnel release on 03/05/02. The patient started post operative physical therapy per her surgeon's recommendation.

### Requested Service(s)

Muscle testing, office visit, sense nerve conduction test, computer data analysis, somatosensory testing, joint mobilization, myofascial release, manual traction, and therapeutic exercises from 04/29/02 through 05/16/02

### Decision

It is determined that the muscle testing, office visit, sense nerve conduction test, computer data analysis, somatosensory testing, joint mobilization, myofascial release, manual traction, and therapeutic exercises from 04/29/02 through 05/16/02 were medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

After this patient underwent left carpal tunnel release, she started post surgical rehabilitation with therapy goals to achieve within 24 visits. She was treated three times per week for two weeks. Additional therapy was recommended and she was released to restricted duty on 03/20/03. The patient requested change of treating doctors and was re-evaluated on 04/15/03. She was placed off work and the post operative rehabilitation was re-started. In addition, diagnostic testing was performed that assisted the treating doctor in gathering appropriate information that helped him in the treatment of her injuries.

The range of motion testing that was denied is not included in another procedure on the same day. When done by a physician or chiropractor, both components of a diagnostic test in the office, the entire test is to be paid in addition to the office visit. Muscle testing should be reimbursed as both units of the test since the compensable area is bilateral wrists, Sensory nerve conduction testing and somatosensory testing is clinically appropriate for injuries of this nature. Denied office visits, computer data analysis, joint mobilization, myofascial release, manual traction, and therapeutic exercises were in fact medically necessary for the treatment of this patient's injury after surgical intervention of 03/05/02.

Each visit was properly documented with subjective symptoms, objective findings, assessment, and plan. There was documented improvement in both subjective and objective findings. National treatment guidelines allow for post-surgical rehabilitation. This injury was treated appropriately and resulted in a successful outcome. She underwent a designated doctor exam on 06/19/03 and was

placed at maximum medical improvement with a 1% impairment. Therefore, it is determined that the muscle testing, office visit, sense nerve conduction test, computer data analysis, somatosensory testing, joint mobilization, myofascial release, manual traction, and therapeutic exercises from 04/29/02 through 05/16/02 were medically necessary.

Sincerely,