

MDR Tracking Number: M5-03-1199-01

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, 2003 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 amount due for the services found medically necessary exceed the amount due for the services not found medically necessary. Therefore, 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.

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 therapeutic procedures from 1/15/02 through 1/17/02 were found to be medically necessary. The ultrasound therapy and physical medicine treatment was not medically necessary. The respondent raised no other reasons for denying reimbursement.

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 1/15/02 through 1/17/02 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 25th day of March 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division
NLB/nlb

March 21, 2003

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___ 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 ___ 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 care rendered 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.

The case was performed by a licensed Doctor of Chiropractic. The ___ 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 ___ 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 patient was injured on her job when she suffered a gradual onset of pain in the hands after working for two years in data entry. She types and uses a 10-key pad. She was diagnosed by ___ as having carpal tunnel syndrome as well as cubital tunnel syndrome. Conservative care was attempted, but the patient did not respond as well as expected and the treating doctor referred to ___, who in turn ordered injections on the elbows and wrists of this patient. These injections were performed in December of 2001 as well as January, February and March of 2002. The treating doctor ordered post-injection physical therapy on this patient, according to the position letter on this case.

DISPUTED SERVICES

The carrier has denied therapeutic procedures, ultrasound and physical medicine treatment as medically unnecessary from January 15, 2002 through January 17, 2002.

DECISION

The reviewer disagrees with the prior adverse determination regarding the therapeutic procedures (code 97110). The reviewer agrees with the adverse determination of all other modalities.

BASIS FOR THE DECISION

The patient's condition would be considered a chronic condition at the time of the treatment rendered. While the injections certainly could have caused an increase in activity in the wrists, it is undocumented that passive treatment at this point would have a

positive effect on this patient. Certainly, the active treatment at that point would help the patient recover from this injury and return to work and I would find this to be reasonable and well within good patient care.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

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

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,