

MDR Tracking Number: M5-03-1209-01

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 those 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(q)(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 disputed office visits, myofascial release, traction, therapeutic procedures, physical performance testing, nerve conduction studies, sensory nerve studies, somatosensory testing and muscle testing were found to be medically necessary. The durable medical equipment, joint mobilization, range of motion testing and obicularis oculi testing were found not medically necessary. The respondent raised no other reasons for denying reimbursement.

This Finding and Decision is hereby issued this 17th day of April 2003.

Noel L. Beavers
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 5/6/02 through 6/24/02.

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 17th day of April 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

April 14, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M5 03 1209 01
IRO #: 5251

___ 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.

This case was reviewed 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 from repetitive motion in the right upper extremity, which was diagnosed by the treating doctor as Carpal Tunnel Syndrome. Electrodiagnostic testing verified neurological involvement in the case and a MRI confirmed evidence of median nerve entrapment. The patient was treated with physical medicine to include active and passive therapies and was released to full duty work status as of July 12, 2002. The carrier's reviewer, ___, stated that treatment was unnecessary due to the patient's pain being a 1 out of a possible 10. The treating doctor's position statement points out that this low level pain was for the shoulder only and that the primary area of concern (wrist) was a level 5 of 10, as was the elbow. The peer reviewer stated that any care after April 24, 2002 was not necessary.

DISPUTED SERVICES

The carrier has denied the medical necessity of office visits, myofascial release, traction, durable medication equipment, joint mobilization, therapeutic procedures, physical performance testing, range of motion testing, nerve conduction studies, sensory nerve studies somatosensory testing, obicularis oculi testing and muscle testing from May 6, 2002 through June 24, 2002.

DECISION

The reviewer agrees with the prior adverse determination regarding durable medical equipment, joint mobilization, range of motion testing and obicularis oculi testing.

The reviewer disagrees with the prior adverse determination for all other therapies provided.

BASIS FOR THE DECISION

There is no documentation which justifies durable medical goods or obicularis oculi testing. Joint mobilization is a form of manipulation which is included in a daily office visit by the treating doctor. Range of motion testing is included under normal conditions with the physical performance examination and should not be considered a separate service. The patient did respond well to the care rendered by the treating doctor and in spite of what could have become a drawn out disability, the patient was returned to work fairly quickly. The remaining treatment plan is documented and justified in the notes and I would consider them to be medically necessary, as well as consistent with the TCA Guidelines to Quality Assurance.

___ 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 ___, 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,