

MDR Tracking Number: M5-03-1375-01

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 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 ultrasound, physical medicine treatment, therapeutic procedures, office visits, myofascial release and DME from 4/8/02 through 5/23/02 were found to be medically necessary with the exception that therapeutic procedures are limited to no more than 2 units per day. All treatment from 2/4/02 through 2/11/02 along with manipulations and joint mobilization from 4/8/02 through 5/23/02 were found not medically necessary. The respondent raised no other reasons for denying reimbursement.

This Finding and Decision is hereby issued this 16th day of April 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

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 4/8/02 through 5/23/02.

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 16th day of April 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/nlb

April 11, 2003

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

MDR Tracking #: M5 03 1375 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 employed by ___ as a service representative and suffered a gradual onset of pain in her wrist. Records indicate extensive treatment prior to a surgical procedure for Carpal Tunnel Syndrome on March 19, 2002. The surgery followed not only extensive physical medicine, but also an injection that was performed in January of 2002. Of note is that, while the patient was injured on ___, treatment apparently did not begin

until sometime in 2001. No reason is given for the delay in treatment in the records that I have. The carrier's position letter states that current literature does not support physical medicine for the treatment of CTS. A peer review was performed by ___ in ___. Its reviewer, ___ made recommendations for care that was to be performed only in 1997.

DISPUTED SERVICES

The carrier has denied the medical necessity of therapeutic procedures, ultrasound, physical medicine treatment, office visits, myofascial release, manipulations, joint mobilization and DME as medically unnecessary with a peer review from February 4, 2002 through May 23, 2002.

DECISION

The reviewer agrees with the prior adverse determination for all care rendered from February 4, 2002 through February 11, 2002.

The reviewer agrees with the prior adverse determination regarding manipulation and joint mobilization, as well as therapeutic procedures (97110) in excess of 2 units per day.

The reviewer disagrees with the adverse determination for all other treatment rendered.

BASIS FOR THE DECISION

It is true that the care rendered in February of 2002 was ineffective to the patient and that the care was not medically necessary. Also, a patient who is post-surgical for Carpal Tunnel Syndrome is not likely to receive benefit from manipulative therapy or joint mobilization. The mobilization is, of course, a form of manipulation. I do not see how a patient which as much extensive care as she has had could benefit from more than 2 units of therapeutic procedures in one day. The remainder of the therapy rendered certainly would be considered necessary to a reasonable person and I feel that medical necessity was demonstrated by the notes on this case for that treatment.

___ 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,