

MDR Tracking Number: M5-03-1690-01

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, 2002 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 requestor submitted a medical dispute resolution request on 9/6/02 and was received in the Medical Dispute Resolution on 9/6/02. The disputed dates of service 9/4/01 through 9/5/01 are not within the one year jurisdiction in accordance with Rule 133.308(e)(1) and will be excluded from this Finding and Decision.

The Medical Review Division has reviewed the IRO decision and determined, the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 work conditioning program from 9/6/01 through 9/20/01 was found to be medically necessary. The work conditioning program after 9/20/01 through 3/22/02 was not found to be medically necessary. As well, dates of service 9/20/01 through 3/22/02, unlisted supplies, DME miscellaneous, office visits, joint mobilization, neuromuscular stimulator, and FCE were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for this work conditioning program (from 9/6/01 through 9/20/01) charges.

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 9/6/01 through 3/22/02 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 17th day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/cl

NOTICE OF INDEPENDENT REVIEW DECISION

May 28, 2003

MDR Tracking #: M5-03-1690-01
IRO Certificate #:IRO4326

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. ___'s 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 injured her left wrist and forearm on ___ while driving a school bus. She experienced a sharp, shooting pain and reported a popping and tearing sensation. She started therapy with a chiropractor. The patient had an electromyography (EMG) study on 06/25/01, which revealed median neuropathy (carpal tunnel syndrome) and findings compatible with DeQuervain's Tenosynovitis. She underwent a left first dorsal compartment release and extensor tenosynovectomy of the left wrist on 03/01/02.

Requested Service(s)

Work conditioning program, unlisted supplies, durable medical equipment (DME) miscellaneous, office visits, joint mobilization, neuromuscular stimulator, and functional capacity evaluation from 09/06/01 through 03/22/02

Decision

It is determined that the work conditioning program from 09/06/01 through 09/20/01 was medically necessary to treat this patient's condition. However, the remaining work conditioning dates from 09/20/01 through 03/22/02 and unlisted supplies, durable medical

equipment (DME) miscellaneous, office visits, joint mobilization, neuromuscular stimulator, and functional capacity evaluation from 09/06/01 through 03/22/02 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The first two weeks of work conditioning would represent an adequate trial of work simulation and intensive rehabilitation; however, the documentation does not support its continuance after two weeks. The medical records show that this patient made no progress during the eight weeks of active care as evidenced by the functional capacity evaluation (FCE) of 08/31/01 indicating that the patient tested in the lowest category possible, low sedentary. The documentation does not indicate that the patient made any progress in regards to objective or subjective findings after the first two weeks, so further work conditioning would be unnecessary.

The DME and the neuromuscular stimulator are not supported in the documentation as it doesn't establish the rationale or the need for this equipment. Specifically, in regards to the neuromuscular stimulator, the documentation does not indicate a formal clinical trial was established or does not indicate the level of subjective or objective progress. There is no mention of conditions such as muscle atrophy or intractable pain to warrant its use.

In regards to the continued office visits after 09/06/01, the medical record does not contain objective data that would indicate significant progress thereby warranting its continued delivery. Therefore, work conditioning program from 09/06/01 through 09/20/02 was medically necessary and the remaining work conditioning dates from 09/20/01 through 03/22/02 and unlisted supplies, durable medical equipment (DME) miscellaneous, office visits, joint mobilization, neuromuscular stimulator, and functional capacity evaluation from 09/06/01 through 03/22/02 was not medically necessary.

Sincerely,