

MDR Tracking Number: M5-03-1796-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 disputed dates of service 1-3-02 through 3-13-02 are untimely and ineligible for review per TWCC Rule 133.307 (d)(1) which states that a request for medical dispute resolution shall be considered timely if it is received by the Commission no later than one year after the dates of service in dispute. This dispute was received on 3-18-03.

The IRO reviewed DME and supplies from 3-20-02 through 8-15-02.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. The IRO concluded that the DME and supplies from 3-20-02 through 5-20-02 were medically necessary. The IRO agreed with the previous adverse determination that the DME and supplies from 5-22-02 through 8-15-02 were not medically necessary. 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.

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

On 8-26-03, 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 requestor failed to submit relevant information to support components of the fee dispute in accordance with Rule 133.307(g)(3)(A-F). Therefore, no review can be conducted and no reimbursement recommended.

## 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 Order is applicable for dates of service 3-20-02 through 5-20-02 in this dispute.

This Order is hereby issued this 18<sup>th</sup> day of May 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

January 6, 2004

MDR #: M5-03-1796-01  
IRO Certificate No.: IRO 5055

**REVISED REPORT**  
**Corrected date of service in “Decision” section.**

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

**Clinical History:**

On \_\_\_, this female claimant was at work when she reported sharp, shooting pain in her right/left wrists and hands, with radiation distal to proximal, with far worse pain over the left upper quarter. EMG of the bilateral upper quarter on 06/04/01 indicated bilateral carpal tunnel syndrome. MR imaging records of the cervical spine were not made available for this review.

Chiropractic treatment began on 08/31/01, after a course of anti-inflammatory medication. Conservative care was initiated. The patient was referred to a medical doctor on 09/14/01, and more aggressive therapy was recommended and a dosage of 3,000 mg of Neurontin per day was proposed. The patient was transitioned into physical therapy applications and was moved into a more aggressive work conditioning program on or about 12/17/01.

Functional Capacity Evaluations (FCE) were performed on 12/13/01 and on 01/21/02. The patient had an open right carpal tunnel release and partial tenosynovectomy performed on 03/27/02. A left carpal tunnel release was done on 08/07/02.

**Disputed Services:**

Supplies and materials, DME, and TENS pads for EMS during the period of 03/20/02 through 08/15/02.

**Decision:**

The reviewer partially agrees with the determination of the insurance carrier and is of the opinion that the supplies and material during the period of 03/20/02 through 05/20/02 were medically necessary. The supplies and materials after 05/20/02 were not medically necessary in this case.

**Rationale:**

The medical records provided for review clearly show medical necessity for the application of TENS, supplies and materials, DME, and TENS pads used in conjunction with clinical applications in the post-operative rehabilitation program between 03/20/02 through 05/20/02. However, the records do not reflect medical necessity for further application after 05/20/02.

According to Texas Labor Code 408:021(a), an employee is entitled to the care reasonably required in association with their injury and the treatment thereof. If the patient's condition is not stable, the care to maintain and promote healing is medically necessary.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,