

MDR Tracking Number: M5-03-1988-01

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 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 office visits on 5/22/02 and 6/21/02, CPT code 97110 on 6/10/02 and 6/18/02, one modality on 6/10/02 and 6/18/02 and CPT code 97250, myofascial release were found to be medically necessary. The remaining treatment/services for the disputed dates of service were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visits on 5/22/02 and 6/21/02, CPT code 97110 on 6/10/02 and 6/18/02, one modality on 6/10/02 and 6/18/02 and CPT code 97250, myofascial release 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 through 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 30<sup>th</sup> day of June 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

June 20, 2003

IRO Certificate# 5259

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An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_\_.

CLINICAL HISTORY

\_\_\_\_ injured her hands in two (2) work related accident which occurred on \_\_\_\_ and another in \_\_\_\_\_. She received treatment over the years with minimal relief and ultimately had surgery for carpal tunnel syndrome. The left hand surgery was in 4/2000 and the right hand surgery was 3/13/02. She later had surgery to the left thumb area in summer of 2002.

\_\_\_\_ saw \_\_\_\_ on 5/22/02 to follow up post-surgery as her primary treating doctor. He ordered 12 sessions of rehabilitative exercises (active therapy) plus various physiotherapy modalities (passive care).

\_\_\_\_ surgeon, \_\_\_\_, referred the patient back to \_\_\_\_ for post-operative rehab. In addition, a medical peer review has been rendered which states that the reviewed (MD) feels no further prescription medications are necessary.

REQUESTED SERVICE (S)

Office visits, myofascial release, therapeutic procedure, ultrasound therapy, physical medicine treatment.

DECISION

Some treatment is justified in part.

### RATIONALE/BASIS FOR DECISION

It is reasonable and customary for the primary doctor to meet with his patient post surgery and after completing a program of rehab; therefore the office visits of 5/22 and 6/21 are reasonable and necessary.

It is also reasonable to attempt active rehab care post-surgery once the swelling has subsided sufficiently, so the 97110 codes on 6/10 and 6/18 are justifiable according to current standards of care.

Current treatment standards also allow one passive modality per day of active care to prevent inflammation due to exercise. Therefore one modality should be allowed on 6/10 and 6/18. Since paraffin and ultrasound are both deep heating in nature, these would conflict with the intention to prevent inflammation. The ESTIM (97014) is not appropriate or justified.

The heat/cold (97010) can be performed at home by the patient and therefore was not essential to this care in office.

On 6/18/02, myofascial release was also performed on the patient. The purpose of this procedure is to prevent the formation of scar tissue in the muscles and is justified post-surgery in this case.

On 6/19/02, no therapeutic exercises were performed; so all therapies given on that day are not supported as necessary, for the reasons previously stated.

The opinions rendered in this case are the opinions of the evaluator. This evaluation has been conducted on the basis of the medical examination and documentation as provided, with the assumption that the material is true and correct. If more information becomes available at a later date, and additional service/report/reconsideration may be requested.

Such information may or may not change the opinions rendered in this evaluation. This opinion is based on a clinical assessment, examination and documentation. This opinion does not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.

Medicine is both an art and a science, and although the patient may appear to be fit to participate in various types of activities, there is no guarantee that the individual will not be re-injured, or suffer additional injury as a result of participating in certain types of activities.