MDR Tracking Number: M5-03-2011-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General 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. This dispute was received on 04-15-03. In accordance with Rule 133.307(d)(1) A dispute on a carrier shall be considered timely if it is filed with the division no later then one year after the dates of service in dispute therefore dates of service in dispute for 04-11-02 is considered untimely.

The IRO reviewed whirlpool and office visits rendered from 04-18-02 through 04-30-02 that were denied based upon “U”.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for whirlpool and office visits. Therefore, upon receipt of this Order and in accordance with §133.308(r)(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 not the only issue** to be resolved.

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

On July 18, 2003, 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 following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR$ (Maximum Allowable Reimbursement)	Reference	Rationale
04-24-02	97124 (2 units)	$56.00	$0.00	A	$28.00 each 15 mins.	MFG MGR (I)(10)(a)	Per Advisory 2001-14 to Preauthorization Rule. Preauthorization is not necessary for CARF accredited providers for outpatient medical rehabilitation. Soap notes support delivery of service Recommended reimbursement $56.00 ($28.00 for 2 units)
	97032	$22.00	$0.00	A	$22.00	MFG MGR (I)(10)(a)	Per Advisory 2001-14 to Preauthorization Rule. Preauthorization is not necessary for CARF accredited providers for outpatient medical rehabilitation. Soap notes support delivery of service Recommended reimbursement $22.00
04-29-02	97032	$22.00	$0.00	A	$22.00	MFG MGR (I)(10)(a)	Per Advisory 2001-14 to Preauthorization Rule. Preauthorization is not necessary for CARF accredited providers for outpatient medical rehabilitation. Soap notes support delivery of service Recommended reimbursement $22.00
	97124 (2 units)	$56.00	$0.00	A	$28.00	MFG MGR (I)(10)(a)	Per Advisory 2001-14 to Preauthorization Rule. Preauthorization is not necessary for CARF accredited providers for outpatient medical rehabilitation. Soap notes support delivery of service Recommended reimbursement $56.00
	97110 (2 units)	$70.00	$0.00	A	$35.00	MFG MGR (I)(A)(9)(b)	Per Advisory 2001-14 to Preauthorization Rule. Preauthorization is not necessary for CARF accredited providers for outpatient medical rehabilitation. Soap notes support delivery of service Recommended reimbursement $70.00
	97022 (2 units)	$40.00	$0.00	A	$20.00	MFG MGR (I)(10)(a)	Per Advisory 2001-14 to Preauthorization Rule. Preauthorization is not necessary for CARF accredited providers for outpatient medical rehabilitation. Soap notes support delivery of service Recommended reimbursement $40.00 ($20.00 for 2 units)
TOTAL		$266.00					The requestor is entitled to reimbursement of **$266.00**

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 Decision is applicable for dates of service 04-18-02 through 04-30-02 in this dispute.

This Decision is hereby issued this 1st day of March 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

January 26, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-2011-01
IRO Certificate #: 5348

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 45 year-old female who sustained a work related injury on ___. The patient reported that while at work she began to experience numbness, tingling and shooting pain from the fingers on the right hand to her elbow. The patient was evaluated by orthopedics and underwent right open carpal tunnel decompression surgery to her right hand on 6/5/01 and treated with 6 weeks of therapy after surgery. The patient was diagnosed with regional pain syndrome, type I on 9/14/01. The patient underwent an

upper nerve conduction velocity study on 1/3/02 and an MRI of the right wrist on 2/8/02. On 4/10/02 the patient was diagnosed with carpal tunnel syndrome, lateral epicondylitis, impingement of shoulder region and reflex sympathetic dystrophy syndrome. The patient was then treated with chiropractic care that included electrical stimulation, whirlpool and massage.

Requested Services

Office visits and whirlpool 4/18/02 through 4/30/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this case concerns a 45 year-old female who sustained a work related injury to her right hand and elbow. The ___ chiropractor reviewer also noted that the patient underwent right open carpal tunnel decompression surgery to her right hand on 6/5/01 and treated with six week of therapy after surgery. The ___ physician indicated that the patient had been reevaluated on 4/9/02 and found to have an increase in hand symptoms with increased use around the house and dressing. The ___ chiropractor reviewer also indicated that the patient had some positive MRI findings for inflammation as well as median nerve involvement. The ___ chiropractor reviewer further indicated that the patient had a failed surgery. The ___ chiropractor reviewer explained that a trial of conservative chiropractic care is appropriate. The ___ chiropractor reviewer also explained that an orthopedic surgeon recommended therapy for treatment of this patient's condition on 4/18/02. Therefore, the ___ chiropractor reviewer concluded that the office visits and whirlpool 4/18/02 through 4/30/02 were medically necessary to treat this patient's condition.

Sincerely,