

MDR Tracking Number: M5-03-2070-01

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 April 21, 2003.

The IRO reviewed therapeutic activities, therapeutic procedure, joint mobilization, hot/cold packs, paraffin bath, elastic gauze, supplies, electrical stimulation (manual), office visits w/manipulation, electrodes, neuromuscular re-education, and office visits rendered from 6/3/02 through 10/3/02 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. 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 June 17, 2002, 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	MARS	Reference	Rationale
4/24/02	11040	\$101.00	\$0.00	F	\$101.00	MFG, Surgery Ground Rule  CPT code descriptor	The requestor did not comply with Rule 133.307 (g)(3) by providing relevant information in order to support the fee component in this dispute. The requestor, is therefore, not entitled to reimbursement of the disputed charges.
4/25/02	11040	\$101.00	\$0.00	F	\$101.00		
4/26/02	11040	\$101.00	\$0.00	F	\$101.00		

4/29/02	11040	\$101.00	\$0.00	F	\$101.00	<u>MFG</u> , Surgery Ground Rule  CPT code descriptor	The office note submitted by the requestor supports delivery service. Therefore the requester is entitled to reimbursement in the amount of \$101.00.
4/30/02	11040	\$101.00	\$0.00	F	\$101.00	<u>MFG</u> , Surgery Ground Rule  CPT code descriptor	The office note submitted by the requestor supports delivery service. Therefore the requester is entitled to reimbursement in the amount of \$101.00.
5/1/02	11040	\$101.00	\$0.00	F	\$101.00	<u>MFG</u> , Surgery Ground Rule  CPT code descriptor	The office note submitted by the requestor supports delivery service. Therefore the requester is entitled to reimbursement in the amount of \$101.00.
5/2/02	11040	\$101.00	\$0.00	F	\$101.00	<u>MFG</u> , Surgery Ground Rule  CPT code descriptor	The office note submitted by the requestor supports delivery service. Therefore the requester is entitled to reimbursement in the amount of \$101.00.
5/6/02	11040	\$101.00	\$0.00	F	\$101.00	<u>MFG</u> , Surgery Ground Rule  CPT code descriptor	The office note submitted by the requestor supports delivery service. Therefore the requester is entitled to reimbursement in the amount of \$101.00.
5/7/02	11040	\$101.00	\$0.00	F	\$101.00	<u>MFG</u> , Surgery Ground Rule  CPT code descriptor	The office note submitted by the requestor supports delivery service. Therefore the requester is entitled to reimbursement in the amount of \$101.00.
5/8/02	11040	\$101.00	\$0.00	F	\$101.00	<u>MFG</u> , Surgery Ground Rule  CPT code descriptor	The office note submitted by the requestor supports delivery service. Therefore the requester is entitled to reimbursement in the amount of \$101.00.
5/9/02	11040	\$101.00	\$0.00	F	\$101.00	<u>MFG</u> , Surgery Ground Rule  CPT code descriptor	The office note submitted by the requestor supports delivery service. Therefore the requester is entitled to reimbursement in the amount of \$101.00.
5/10/02	11040	\$101.00	\$0.00	F	\$101.00	<u>MFG</u> , Surgery Ground Rule  CPT code descriptor	The office note submitted by the requestor supports delivery service. Therefore the requester is entitled to reimbursement in the amount of \$101.00.
5/13/02	11040	\$101.00	\$0.00	F	\$101.00	<u>MFG</u> , Surgery Ground Rule  CPT code descriptor	The office note submitted by the requestor supports delivery service. Therefore the requester is entitled to reimbursement in the amount of \$101.00.
5/16/02	11040	\$101.00	\$0.00	F	\$101.00	<u>MFG</u> , Surgery Ground Rule  CPT code descriptor	The office note submitted by the requestor supports delivery service. Therefore the requester is entitled to reimbursement in the amount of \$101.00.
5/20/02	11040	\$101.00	\$0.00	F	\$101.00	<u>MFG</u> , Surgery Ground Rule  CPT code descriptor	The office note submitted by the requestor supports delivery service. Therefore the requester is entitled to reimbursement in the amount of \$101.00.
5/21/02	11040	\$101.00	\$0.00	F	\$101.00	<u>MFG</u> , Surgery	The office note submitted by the

						Ground Rule CPT code descriptor	requestor supports delivery service. Therefore the requester is entitled to reimbursement in the amount of \$101.00.
5/22/02	11040	\$101.00	\$0.00	F	\$101.00	<u>MFG, Surgery Ground Rule</u>  CPT code descriptor	The office note submitted by the requestor supports delivery service. Therefore the requester is entitled to reimbursement in the amount of \$101.00.
8/6/02	97545- WH	\$128.00	\$0.00	N	\$102.40	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>  <u>TWCC Rule 134.600 (b)(1)(B) &amp; (h)(9)</u>	Review of the office note submitted by the requestor supports the documentation criteria set forth by the <u>MFG, Medicine Ground Rule.</u> Therefore the requestor is entitled to reimbursement in the amount of \$102.40.
	97546- WH	\$320.00	\$153.60	N	\$256.00	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>  <u>TWCC Rule 134.600 (b)(1)(B) &amp; (h)(9)</u>	Review of the office note submitted by the requestor supports the documentation criteria set forth by the <u>MFG, Medicine Ground Rule.</u> Therefore the requestor is entitled additional reimbursement in the amount of \$102.40.
8/8/02	97139	\$85.00	\$24.75	No EOB	DOP	<u>MFG, Medicine Ground Rule (I)(A)(9)(b), (I)(A)(10)(a)</u>  <u>MFG, General Instructions (III)(A)(1-3)</u>	Both the requestor and the respondent failed to submit copies of EOBs. Therefore the date of service in dispute will be reviewed according to the <u>MFG.</u> The office note submitted by the requestor does not support the delivery of an unlisted therapeutic procedure. Therefore the requestor is not entitled to additional reimbursement.
	97546- WH	\$320.00	\$102.40	N	\$256.00	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>  <u>TWCC Rule 134.600 (b)(1)(B) &amp; (h)(9)</u>	Review of the office note submitted by the requestor supports the documentation criteria set forth by the <u>MFG, Medicine Ground Rule.</u> Therefore the requestor is entitled additional reimbursement in the amount of \$153.60.
TOTAL		\$2,570.00	\$280.75		\$2,331.40		The requestor is entitled to reimbursement in the amount of \$1,772.40.

This Decision is hereby issued this 9<sup>th</sup> day of January 2004.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

MQO/mqo

## 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 4/24/02 through 10/3/02 in this dispute.

This Order is hereby issued this 9<sup>th</sup> day of January 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/mqo

June 12, 2003

MDR Tracking #: M5-03-2070-01  
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.

The independent review was performed by a matched peer with the treating doctor. 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

\_\_\_ suffered a work-related injury on \_\_\_. He was working on a saw at work when a board flew up and hit and cut his right hand. He went to the ER where his right ring finger was amputated below the proximal interphalangeal joint. The patient had an MRI on 6/5/03

which found abnormal signals of the lumbrical muscles and retraction of the flexor tendon, abnormal signal of extensor tendons of the right ring finger. On 7/25/02 the patient saw \_\_\_ who diagnosed contracture of hand joint and traumatic amputation of fingers. He recommended Celebrex and therapy. The carrier disputes claims of 6/3/02 through 10/3/02 as exceeding medically necessary utilization review criteria, though there was no such review provided in the notes. The patient has undergone physical therapy, manipulation and work hardening for this injury. An impairment rating dated 9/30/02 awarded \_\_\_ a 13% whole person impairment.

#### DISPUTED SERVICES

Under dispute is the medical necessity of therapeutic activities, therapeutic procedures, joint mobilization, hot/cold packs, paraffin bath, elastic gauze, supplies, electrical stimulation (manual), office visits with manipulation, electrodes, neuromuscular re-education, and office visits from 6/3/02 through 10/3/02.

#### DECISION

The reviewer disagrees with the prior adverse determination.

#### BASIS FOR THE DECISION

The reviewer finds that the therapeutic activities, therapeutic procedures, joint mobilization, hot/cold packs, paraffin bath, elastic gauze, supplies, electrical stimulation, office visits with manipulation, electrodes, neuromuscular re-education and office visits were medically necessary. Documentation, both subjectively and objectively, measured during this patient's care demonstrated a continual improvement on this patient.

\_\_\_ 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 \_\_\_, dba \_\_\_, 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,