

MDR Tracking Number: M5-03-2332-01

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, 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. Eight treatments of physical therapy and office procedures on 6/10/02, 6/12/02, 6/14/02, 6/17/02, 6/19/02, 6/21/02, 6/27/02 and 6/28/02 were found to be medically necessary. All other treatment/services rendered were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these physical therapy and office procedure charges.

This Finding and Decision is hereby issued this 31st day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

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 5/31/02 through 10/17/02 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 31st day of July 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/cl

July 25, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-2332-01
IRO Certificate No.: IRO 5055

___ 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:

This female claimant developed pain in her hands and arms while employed that was reported on ____. She had a carpal tunnel release to her right hand on 03/26/01 and underwent post-op treatment. On ____, a new injury was reported of her left hand and arm and she had a left carpal tunnel release on 03/29/02. She had an uncomplicated recovery period, and had extensive pain management.

She had extensive chiropractic and physical therapy since March 2001. After her surgery on her left arm on 03/29/02, the only treatment needed was rehabilitation of the left hand. Post-op physical therapy began on 04/29/02.

On 05/20/02, exam showed good range of motion in the left wrist, no numbness, and a weakened grip. As of 05/31/02, the patient had undergone four passive treatments of therapy.

Disputed Services:

Services during the period of 05/31/02 through 10/17/02, including range of motion testing, office visits, therapeutic exercises, group therapy procedure, myofascial release, joint mobilization, muscle testing, special reports, and analgesic balm.

Decision:

The reviewer partially agrees with the determination of the insurance carrier and is of the opinion that eight (8) treatments of physical therapy and office procedures on 06/10, 06/12, 06/14, 06/17, 06/19, 06/21, 06/27, and 06/28/02, were medically necessary. All other physical therapy and office procedures, range of motion testing on 05/31/02, and muscle testing on 06/11/02 and 06/24/02, and analgesic balm on 10/17/02, were excessive and were not medically necessary in this case.

Rationale:

Based on the exam findings on 05/20/02, eight more treatments on the dates listed above were medically necessary. No documentation was presented in the records provided for review of the necessity of the range of motion testing on 05/31/02, and the muscle testing on 06/11/02 and 06/24/02. Analgesic balm was not medically necessary on 10/17/02.

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,