

MDR Tracking Number: M5-03-2386-01

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, 133.307 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 05-23-03.

The IRO reviewed myofascial release, therapeutic procedures, hot or cold pack therapy, ultrasound therapy, office visits, joint mobilization, electrical stimulation, office visits with manipulation and analysis of information data rendered from 05-24-02 through 08-21-02 that was denied based upon "V".

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 08-07-03, 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 following table identifies the disputed services and Medical Review Division's rationale:

| DOS     | CPT CODE | Billed  | Paid   | EOB Denial Code | MAR\$   | Reference                | Rationale  |
|---------|----------|---------|--------|-----------------|---------|--------------------------|--|
| 7-12-02 | 99080-73 | \$20.00 | \$0.00 | F               | DOP     | Rule 133.307 (g)(3)(A-F) | The requestor did not submit relevant information to support delivery of service. No reimbursement is recommended. |
| TOTAL   |          | \$20.00 | \$0.00 |                 | \$20.00 |                          | The requestor is not entitled to reimbursement.  |

This Decision is hereby issued this 24th day of March 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

## 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 05-24-02 through 08-21-02 in this dispute.

This Order is hereby issued this 24<sup>th</sup> day of March 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/dlh

March 23, 2004

### NOTICE OF INDEPENDENT REVIEW DECISION Amended Letter

**RE: MDR Tracking #: M5-03-2386-01  
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 29 year-old male who sustained a work related injury on \_\_\_. The patient reported that he sustained a repetitive motion injury to both arms and hands. The patient underwent X-Rays of both elbows, the cervical spine and the thoracic spine on 4/25/01. The

patient underwent an EMG study on 5/29/01. The patient was initially treated with chiropractic treatment that included physical therapy. The patient then underwent a right carpal tunnel release on 10/24/01 followed by 18 sessions of post-operative rehabilitation provided by physical and occupational therapists. The patient then underwent left carpal tunnel release on 4/9/02 followed by 25 sessions of post-operative physical therapy.

### Requested Services

Myofascial release, therapeutic procedures, hot/cold pack, ultrasound, office visits, joint mobilization, electrical stimulation, office visit with manipulation and analysis of information data stored from 5/24/02 through 8/21/02.

### 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 29 year-old male who sustained a work related injury to his both arms and hands on \_\_\_\_. The \_\_\_ chiropractor reviewer also noted that the diagnoses for this patient included bilateral carpal tunnel. The \_\_\_ chiropractor reviewer further noted that the patient was treated with carpal tunnel release on both upper extremities followed by post-operative rehabilitation to each extremity. The \_\_\_ chiropractor reviewer explained that carpal tunnel conditions are difficult to treat. The \_\_\_ chiropractor reviewer also explained that carpal tunnel conditions also take a long time to heal. Therefore, the \_\_\_ chiropractor consultant concluded that the myofascial release, therapeutic procedures, hot/cold pack, ultrasound, office visits, joint mobilization, electrical stimulation, office visit with manipulation and analysis of information data stored from 5/24/02 through 8/21/02 were medically necessary to treat this patient's condition.

Sincerely,