

MDR Tracking Number: M5-03-2488-01

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 06-06-03. Per Rule 133.308(e)(1) dates of service 05-13-02 through 06-05-02 were not timely filed.

The IRO reviewed physical medicine services, office visits, therapeutic procedures, physical performance testing, sensory nerve testing, temperature gradient studies, nerve conduction testing, analysis of computer data, "H" or "F" reflex study, supplies and electrodes rendered from 06-07-02 through 02-24-03 that was 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 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	MARS	Reference	Rationale
2-26-03	97250	\$43.00 (1 unit)	\$0.00	No EOB	\$43.00	Rule 133.307 (g)(3)(A-F)	The requestor submitted relevant information to support delivery of service. Recommend \$43.00 reimbursement.
2-26-03	99070	\$30.00 (1 unit)	\$0.00	No EOB	DOP	Rule 133.307 (g)(3)(A-F)	The requestor submitted relevant information to meet DOP criteria. Recommend \$30.00 reimbursement.
2-26-03	97035	\$22.00 (1	\$0.00	No EOB	\$22.00	Rule 133.307 (g)(3)(A-F)	The requestor submitted relevant information to

		unit)					support delivery of service. Recommend \$22.00 reimbursement.
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DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS	Reference	Rationale
2-26-03	97010	\$11.00 (1 unit)	\$0.00	No EOB	\$11.00	Rule 133.307 (g)(3)(A-F)	The requestor submitted relevant information to support delivery of service. Recommend \$11.00 reimbursement.
2-26-03	97018	\$16.00 (1 unit)	\$0.00	No EOB	\$16.00	Rule 133.307 (g)(3)(A-F)	The requestor submitted relevant information to support delivery of service. Recommend \$16.00 reimbursement.
2-26-03	99213	\$48.00	\$0.00	No EOB	\$48.00	Rule 133.307 (g)(3)(A-F)	The requestor submitted relevant information to support delivery of service. Recommend \$48.00 reimbursement.
TOTAL		\$170.00	\$0.00		\$170.00		The requestor is entitled to reimbursement in the amount of \$170.00

This Decision is hereby issued this 26th day of March 2004.

Debra L. Hewitt
 Medical Dispute Resolution Officer
 Medical Review Division
 DLH/dlh

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 05-13-02 through 02-26-03 in this dispute.

This Order is hereby issued this 26th day of March 2004.

David R. Martinez, Manager
 Medical Dispute Resolution
 Medical Review Division
 DRM/dlh

July 28, 2003

Amended March 23, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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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

___ sustained a repetitive stress injury to her bilateral wrists as a result of many years of doing finishing work with ___. She was diagnosed with a bilateral carpal tunnel syndrome that was verified through repeated NCV studies. ___ has treated her with physical therapy modalities and chiropractic care, as well as making appropriate referrals to other specialists. ___ performed a right carpal tunnel release on October 3, 2002 and a left carpal tunnel release on November 20, 2002. Post-surgical therapy and rehabilitation exercises were completed after each surgery until her condition was stabilized. A designated doctor examination occurred on August 13, 2002 in which a 17% whole person impairment was assigned.

DISPUTED SERVICES

Under dispute is the medical necessity of therapeutic procedures, physical performance testing, sensory nerve testing, temperature gradient studies, nerve conduction testing, analysis of computer data, "H" or "F" reflex study, supplies, electrodes, physical medicine services and office visits from 6/7/02 through 2/24/03.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

Upon review of the patient's records, the treating doctor made an appropriate referral for surgery when ___ condition failed to improve with conservative measures. The post-surgical therapy, manipulation and rehab were appropriate and were intended to bring her case to conclusion. The TWCC Medicine Ground Rules state on page 31, 1(A) 2 that the treatment in question should be "specific to the injury and provide potential improvement of the patient's condition." ___ treatments were medically necessary, as they intended to "cure or relieve" the symptoms resulting from the compensable injury as outlined in the Texas Worker's Act, section 401.001 (31).

___ 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 ___, 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,