

MDR Tracking Number: M5-03-2621-01

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 01-16-03.

The IRO reviewed myofascial release, range of motion, joint mobilization, therapeutic exercises, hot or cold packs, office visits, muscle testing, electrical stimulation, and paraffin bath from 12-19-02 through 04-01-03 that were denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for electrical stimulation, myofascial release, muscle testing, office visits, joint mobilization for 01-07-03, paraffin bath and all therapeutic exercises for 01-10-03, range of motion for 02-06-03, and for the additional unit of therapeutic exercises. On this basis, 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

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for paraffin bath, two units therapeutic exercises, range of motion, joint mobilization rendered from 12-19-02 through 04-01-03 and office visit for 01-07-03. 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 November 05,2003, 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	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
08-30-02	97010	\$11.00	0.00	F	\$11.00	MFG MGR (I) (10)(a)	Soap notes support delivery of service. Recommended Reimbursement \$11.00
09-06-02	97010	\$11.00	0.00	F	\$11.00		Soap notes support delivery of service. Recommended Reimbursement \$11.00
09-09-02	97010	\$11.00	0.00	F	\$11.00		Soap notes support delivery of service. Recommended Reimbursement \$11.00
09-11-02	97010	\$11.00	0.00	F	\$11.00		Soap notes support delivery of service. Recommended Reimbursement \$11.00
09-30-02	97110 (3 units)	\$111.00	\$79.00	F	\$35.00	MFG MGR (I)(A)(9)(b)	Soap notes support delivery of 3 units. Requestor addressed one on one therapy, identified activities and durations of each. Carrier reimbursed \$79.00 additional recommended reimbursement \$26.00
10-02-02	97750M T	\$46.00	0.00	F	\$43.00	MFG MGR (I)(E)(3)	Soap notes support delivery of service. Recommended Reimbursement \$ 46.00
TOTAL		\$201.00					The requestor is entitled to reimbursement of \$ 116.00

This Decision is hereby issued this 12th day of February 2004.

Georgina Rodriguez
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 8-28-01 through 12-28-01 in this dispute.

This Order is hereby issued this 12th day of February 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

October 29, 2003

Re: IRO Case # M5-03-2621-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 30-year-old male who cut the dorsum of his right hand with a table saw. Emergent surgery was performed on ___. The patient eventually followed up six months later with a hand surgeon upon referral from his chiropractor.

Requested Service(s)

Office visits, office visits with manipulations, ROM testing, muscle testing, physical therapy 12/19/02-4/1/03

Decision

I disagree with the carrier's decision to deny the following: **12/19/02** 97265; **12/31/02** 97018, 97110 – 2 units only, 97265; **1/2/03** 97018, 97110 – 2 units only, 97265; **1/3/03** 97018, 97110 – 2 units, 97265; **1/6/03** 95852, 97018, 97110 – 2 units, 97265; **1/7/03** 97018, 97110 – 2 units, 99213, 97018, 97110 – 2 units; **1/10/03** 97265; **1/14/03** 97018, 97110 – 2 units, 97265; **1/16/03** 97018, 97110 – 2 units, 97265; **1/17/03** 97018, 97110 – 2 units, 97265; **1/21/03** 97018, 97110 – 2 units, 97265; **1/22/03** 97018, , 97110 – 2 units, 97265; **1/23/03** 97018, 97110 – 2 units, 97265; **1/28/03** 97110 – 2 units, 97265; **1/29/03** 97018, 97110- 2 units, 97265; **1/30/03** 97018, , 97110 – 2 units, 97265; **2/4/03** 97018, 97110 – 2 units, 97265; **2/6/03** 97018, 97110 – 2 units, 97265; **2/7/03** 97018 97110 – 2 units; **2/10/03** 97018, 97110 – 2 units, 97265; **2/17/03** 97018, 97110 – 2 units, 97265; **2/19/03** 97110 – 2 units, 97265; **2/20/03** 97110 – 2 units, 97265; **2/24/03** 97110 – 2 units, 97265; **2/28/03** 97110 – 2 units, 97265; **3/3/03** 97018, 97110 – 2 units, 97265; **4/1/03** 95851, 97110 – 2 units.

I agree with the carriers decision to deny the requested treatment that is NOT mentioned above.

Rational

Joint manipulation and therapeutic exercises as well as paraffin bath treatments are the standard of care for hand therapy treatment of an ankylosed joint such as this patient had. The frequency and duration of these treatments range from three times a week to daily for two to four months.

Two units of 15 minutes each for each date of service is reasonable and necessary; more than that is excessive.

Myofascial techniques involve lengthening and stretching of myofascial units. In this patient, these units being the extrinsic and intrinsic finger flexor and extensor tendons were not tight or shortened. This patient's ankylosis originated from the joint. Therefore myofascial techniques were not effective or indicated for the patient's diagnosis. In addition, E&M should be included in the physical therapy treatment that is supervised, and the patient's surgeon also was marching the patient's progress.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,