

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, 2003 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 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 \$650.00** 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 the only issue** to be resolved. The office visits, supplies, and physical medicine sessions rendered 9-6-02 to 9-27-02 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these charges.

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 9-6-02 through 9-27-02 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 11th day of August 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

August 5, 2003

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

MDR Tracking #: M5-03-2636-01
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 Medical Doctor with a specialty and board certification in Physical Medicine and Rehabilitation. 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 ___. Though the exact extent of this patient's finger injuries are not well-defined in the record, the diagnostic code given on the form 1500 is that of 886.0, traumatic partial finger amputation. The therapy letter dated 2/20/03 for services rendered reports amputation of this gentleman's right third and fourth digits. Apparently this amputation was partial, in that the patient had shown significant improvement in his active range of motion and grip and pinch strength from the time of his early September evaluations until the second evaluation of 9/25/02.

Physician exam, clinic notes, diagnosis, lab and imaging reports were not included in the record, however occupational therapy notes were available for review. These include therapy procedures/modalities and billing for the period of 9/6/02 through 9/27/02.

DISPUTED SERVICES

Under dispute is the medical necessity of hot or cold packs, electric stimulation, paraffin bath therapy, ultrasound therapy, therapeutic exercises, therapeutic activities, office visits, massage therapy and special supplies provided to this patient from 9/6/02 through 9/27/02.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

Occupational therapy techniques are within 90 days of the original injury, and these, including the multiple modalities utilized, have been found to be justifiable in this case. There were six treatment visits during that time, and another on 9/27/02 (a total of 7 treatment visits). Apparently this amputation was partial, in that the patient had shown significant improvement in his active range of motion and grip and pinch strength from the time of his early September evaluations until the second evaluation of 9/25/02.

___ 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,