

MDR Tracking Number: M5-03-2723-01

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. Two units of therapeutic procedures (97110) per visit were found to be medically necessary. The remaining therapeutic procedures, office visits, neuromuscular re-education, myofascial release and physical medicine treatments rendered were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these two units of therapeutic procedures (97110) per visit 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 9/24/02 through 10/29/02 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 15th day of August 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/cl

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M5-03-2723-01
IRO Certificate Number: 5259

August 12, 2003

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

Sincerely,

CLINICAL HISTORY

Pregnant patient diagnosed with carpal tunnel syndrome as a result of injury on ___.

REQUESTED SERVICE(S)

Neuromuscular re-education, myofascial release, physical medicine treatment, therapeutic procedures and office visits from 9/24/02 through 10/29/02.

DECISION

Two (2) units of therapeutic procedures (97110) per visit from 9/24/02 through 10/29/02 are approved. All other services and procedures are denied.

RATIONALE/BASIS FOR DECISION

No documentation was supplied to support the need for five (5) units of therapeutic procedures (97110) and two (2) units of myofascial release (97250) three months post-injury.

Even orthopedist ____ (on October 15, 2002) only recommended that she wear night splints and do stretching exercises until such time as surgical intervention. Concur that nothing in addition can be documented as being medically necessary.

The two (2) units of therapeutic procedures (97110) per visit are approved due to the fact that carpal tunnel symptoms can become worse during pregnancy and may have been necessary during this time frame to keep the patient as asymptomatic as possible.