

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 that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$450.00** 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, ultrasound, paraffin bath, therapeutic procedures, reports and joint mobilization were found to be medically necessary. The unusual travel was not 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 from to 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 19<sup>th</sup> day of August 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

August 12, 2003

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

MDR Tracking #: M5-03-2748-01  
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 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

\_\_\_, a 37 year old male, sustained a work-related injury to his right index finger while working as a laborer for \_\_\_ on \_\_\_. Mechanism of injury was described as occurring while carrying a roll of wire in an overhead position, the wire slipped, trapping his finger, hyperextending and laterally deviating the finger at the proximal interphalangeal joint.

The patient was initially seen by \_\_\_, a chiropractor who treated him for a few visits. The patient was then seen by \_\_\_ on 8/5/02, who attempted approximately eight sessions of conservative care. He was then seen for an independent medical evaluation on 8/29/02 by \_\_\_, an orthopedic surgeon. \_\_\_ recommended splinting, then buddy taping along with active exercises, followed by consultation with a hand surgeon within six months if symptoms persisted. The patient was referred to \_\_\_ an orthopedic surgeon, who recommended buddy taping for 6 weeks on 09/27/03. The patient was then seen for designated doctor purposes by \_\_\_ on 10/13/02. He did not feel that the patient was at MMI, recommending further rehabilitation. The patient subsequently went to surgery, undergoing reconstruction of the ulnar collateral ligament of the proximal interphalangeal joint utilizing local tissue, combined with a K wire placement. On 2/21/03 \_\_\_ released \_\_\_ for postsurgical rehabilitation which was performed by \_\_\_ up until 3/26/03. Treatment consisted of active exercises, paraffin bath and ultrasound.

Diagnostically, he had a MRI performed on 6/18/02 which revealed an edematous swelling index finger, with possible tenosynovitis of the extensor and flexor digitorum tendons and collateral ligaments. Plain film x-rays taken 8/14/02 revealed mild dorsal displacement of the middle phalanx with moderate soft tissue swelling.

#### DISPUTED SERVICES

In dispute is the medical necessity of unusual travel, office visits, ultrasound, paraffin bath, therapeutic procedures, special reports and joint mobilization from 8/23/02 through 3/17/02.

## DECISION

The reviewer both agrees and disagrees with the prior adverse determination.

In answer to the question of medical necessity of office visits, ultrasound, paraffin bath, therapeutic procedures, special reports and joint mobilization from 8/23/02 through 3/17/02: the reviewer finds that the services provided were medically necessary.

In answer to the question of medical necessity or appropriateness of unusual travel, the reviewer agrees with the prior adverse determination.

## BASIS FOR THE DECISION

This patient had been entered into an initial conservative care program with some improvement noted. He was then appropriately referred out for second opinion purposes and following failure to respond to recommended intervention. Surgery was performed. Following appropriate recovery time, post-surgical rehabilitation was attempted with improvement noted.

In answer to the question of medical necessity or appropriateness of unusual travel, there was no pertinent information provided to substantiate medical necessity. The reviewer agrees with the prior adverse determination regarding unusual travel.

The reviewer can find no reason as to why the other disputed services (office visits, ultrasound, paraffin bath, therapeutic procedures, special reports and joint mobilization) had been determined medically unnecessary. Treatments provided were well within accepted clinical standards for such an injury and satisfied the requirements for medical necessity as outlined in Texas Labor Code section 408.021.

\_\_\_ 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,