

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION:**

SOAH DOCKET NO.: 453-04-4683.M5

MDR Tracking Number: M5-03-2808-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on July 2, 2003.

The Division has reviewed the enclosed IRO decision and determined that the requestor did not prevail on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, myofascial release, therapeutic procedure, ultrasound therapy, electrical stimulation, hot/cold packs, electrodes, group therapy and joint mobilization were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatments listed above were not found to be medically necessary, reimbursement for dates of service from 07-12-02 to 12-31-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 18th day of March 2004.

Patricia Rodriguez
Medical Dispute Resolution
Officer Medical Review Division

PR/pr

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 12, 2004

Re: IRO Case # M5-03-2808

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 26-year-old, right-hand-dominant female who reported a repetitive stress injury to both upper extremities in ____. The patient was diagnosed with bilateral carpal tunnel syndrome, left cubital tunnel syndrome, multiple trigger points in the cervical spine, and deQuervain's tenosynovitis. She underwent numerous treatments, including physical therapy and steroid injections into the carpal tunnel, first extensor compartment, and the cubital tunnel. Ultimately, she underwent surgical treatment of her bilateral carpal tunnel syndrome, and has received multiple trigger point injections into her neck. Visits in July 2002 after a carpal tunnel injection are in dispute, as are visits in September 2002 after trigger point injections were performed. The patient underwent carpal tunnel release on 10/1/02 and received 12 visits of post surgical therapy from 10/21 – 11/21/02. For some reason, the patient received another 12 visits of physical therapy from 11/25 – 12/19/02. The second course of therapy is disputed. On 12/12/02 the patient received another set of trigger point injections into the back and neck, and post injection physical therapy was started again. This therapy is also being disputed.

Requested Service(s)

Office visits, myofascial release, therapeutic procedure, ultrasound therapy, electrical stimulation, hot or cold packs, electrodes, group therapy, joint mobilization 7/12/02-12/31/02

Decision

I agree with the carrier's decision to deny the requested services.

Rationale Post injection therapy is not an accepted treatment modality for someone who has failed similar physical therapy. At the time the patient received the steroid injections, she certainly had had enough physical therapy to be adequately trained in a home exercise program. Post injection therapy, including office visits and hand modalities, is not medically necessary or standard practice. Twelve visits of occupational therapy after a carpal tunnel release is reasonable, but 24 visits are not reasonable. The patient had had extensive therapy prior to surgery, and at 12 weeks she should have been able to perform a home exercise program unsupervised. The records provided for this review do not demonstrate the necessity of the disputed services.

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