

MDR Tracking Number: M5-03-3083-01

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 07-28-03.

The IRO reviewed office visits, myofascial release, therapeutic procedures, joint mobilization manual traction, functional capacity evaluation (FCE) and neuromuscular reeducation rendered from 10-09-02 through 03-31-03 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for office visits from 10-09-02 through 12-18-02 and office visits, myofascial release, therapeutic procedures, joint mobilization manual traction, functional capacity evaluation (FCE) and neuromuscular reeducation rendered from 03-05-03 through 03-31-03. 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 office visits, myofascial release, therapeutic procedures, joint mobilization manual traction, functional capacity evaluation (FCE) and neuromuscular reeducation.

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 10-17-03, 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. On 01-21-04 the requestor submitted a withdrawal for CPT code 99213 on 12-06-02 therefore, there are no fee issues to be reviewed in this dispute.

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 10-09-01 through 03-31-03 in this dispute.

This Decision is hereby issued this 21st day of January 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

September 29, 2003

Re: MDR #: M5-03-3083-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Clinical History:

The patient is a 38-year-old female who was injured in a work-related accident on ____. The reviewed medical record indicates the claimant initiated conservative chiropractic treatment on/about 03/07/02 (the exact date of treatment initiation is not provided in the forwarded medical record). The MR imaging of the left wrist performed on 03/20/02 revealed unremarkable findings.

Functional abilities evaluations performed on 03/07/02, 03/26/02, 03/27/02, 04/16/02, 04/23/02, and 04/29/02 showed near normal active range of motion (AROM) over the assessed upper quarter. Neurodiagnostic testing that included a nerve conduction velocity (NCV) was performed on 05/14/02 and revealed a prolonged distal sensory latency on the right median nerve supporting an entrapment at the right wrist; clinical correlation was warranted.

Functional Capacity Evaluation (FCE) performed on 06/12/02 shows that the patient is capable of eight hours of sedentary and light-duty work.

The patient was referred to a M.D. for surgical consultation and a left carpal tunnel release at Guyon's canal, tenosynovectomy of the flexor tendons, excision of a small portion of the transverse carpal tendon, release second/third dorsal compartments, and exploration of the median nerve proximally on the forearm were performed on 01/08/03. In the patient's 03/04/03 functional abilities evaluation, the patient shows near normal AROM over the affected upper quarter.

Disputed Services:

Office visits and therapies including joint mobilization, myofascial release, neuromuscular reeducation, therapeutic procedure and muscle testing for dates of service 10/9/02 through 03/31/03.

Decision:

The reviewer partially agrees with the determination of the insurance carrier in this case. He finds as follows:

1. Office visits from 10/09/02 through 12/18/02 were not medically necessary;
2. The services rendered from 12/27/02 through 03/04/03 were medically necessary to treat this patient's medical condition;
3. Services rendered from 03/05/03 through 03/31/03 were not medically necessary.

Rationale:

The claimant has had a complete course of physical therapy applications that have been applied from 03/07/02 through 03/31/03. All conservative uni-disciplinary therapeutic applications that have included passive modalities, chiropractic, and physical therapy have been sufficient exhausted. The post-surgical status of this patient warrants the application of six weeks of postoperative rehabilitation efforts. Postoperative rehabilitation should have been initiated as close to the date of surgery as possible. The provider's utilization of office visits from 10/09/02 through 12/18/02 was not medically necessary. The provider's rationalization for continued utilization of these codes is not apparent from the forwarded medical documentation.

Services from 12/27/02 through 03/04/03 were medically necessary due to the patient's pre-surgical and post-surgical status. Continued uni-disciplinary physical therapy treatment beyond 03/04/03, that showed near normal AROM over the assessed upper quarter, was not medically necessary to treat this patient's condition.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer-reviewed references:

- Carmona, L., Faucett, J., Blanc, P.B., Yelin, E. *Predictors of Right of Return to Work After Surgery for Carpal Tunnel Syndrome*. Arthritis Care Res. 1998, Aug.; 11(4):298-305.
- Cook, A. C., Szabo, R.M., Birkholz, S.W., King, E.F. *Early Mobilization Following Carpal Tunnel Release: A Prospective Randomized Study*. J. Hand Surg. (Br). 1995 April; 20(2):228-30.
- Nathan, P.A., Meadows, K.D., Keniston, R.C. *Rehabilitation of Carpal Tunnel Surgery Patients Using a Short Surgical Incision and an Early Program of Physical Therapy*. J. Hand Surg. (Am). 1993, Nov.; 18(6):1044-50.
- Wilson, J.K., et al. *A review of Treatment for Carpal Tunnel Syndrome*. Disabil. Rehabil., 2003, Feb. 04; 25(3):113-9.

ADDITIONAL COMMENTS:

A current functional baseline must be obtained, and if the patient shows deficits of function that will not allow her to gain/maintain employment, then higher-level therapeutics must be implemented like work hardening. It is vital that this patient is returned to industry at some capacity. Review of the medical record indicates she will have reached Maximum Medical Improvement (MMI) 8-10 weeks following the surgical application. An FCE should have been implemented at the 4-6 week post-surgical mark and transitioned to upper-level therapeutics, activated, if applicable.

The patient must be educated on the importance of maintaining activity and implementing a home rehabilitation program.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,