

MDR Tracking Number: M5-03-3098-01

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 and work hardening program and functional capacity evaluations rendered from 10-17-02 through 01-17-03 that were denied based upon "V" and "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.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for work hardening program and functional capacity evaluations. Consequently, the commission has determined that **the requestor prevailed** on the majority of the medical fees (\$2,108.00). 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 \$460.00** 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 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 10-01-03, 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.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
10-22-02	97545WH-AP (2 hours)	\$128.00	0.00	A	\$64.00 per hour		Per Advisory 2001-14 preauthorization for work hardening or work conditioning programs are not required for CARF accredited providers. Soap notes

							support delivery of service. Recommended Reimbursement \$128.00
	97546WH-AP (6 hours)	\$384.00	0.00	A	\$64.00 per hour		Per Advisory 2001-14 preauthorization for work hardening or work conditioning programs are not required for CARF accredited providers. Soap notes support delivery of service. Recommended Reimbursement \$384.00
01-03-03	99455L5 WP	\$403.00	\$300.00	No code	DOP	MFG E/M GR (XXII)(A) and (D)(1)(a)	Soap notes support service rendered as billed. Additional reimbursement recommended \$103.00
TOTAL		\$915.00					The requestor is entitled to reimbursement of \$ 615.00

This Decision is hereby issued this 24<sup>th</sup> day of March 2004.

Georgina Rodriguez  
 Medical Dispute Resolution Officer  
 Medical Review Division

**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 10-17-02 through 01-17-03 in this dispute.

This Order is hereby issued this 24<sup>th</sup> day of March 2004.

Roy Lewis, Supervisor  
 Medical Dispute Resolution  
 Medical Review Division

September 29, 2003

Re: MDR #: M5-03-3098-01  
 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 was working when she reported an injury to her bilateral wrist/hand/forearm on \_\_\_\_. She initially consulted an M.D. on/about 10/10/01. Referral was made to a neurologist where a nerve study was performed, and the patient was taken off work. An initial course of mild physiotherapeutics was implemented, and the patient was returned to work for a number of months. The patient terminated after three months and conservative chiropractic treatment was initiated on/about 03/29/02. Functional Capacity Evaluation performed on 11/25/02 revealed the patient was capable of sedentary work capacity.

MR imaging of the left wrist performed on 05/13/02 revealed unremarkable findings. MRI imaging of the right wrist performed on 09/13/02 revealed unremarkable findings.

The claimant met with an M.D. on 10/02/02 and was advised that serial injections may be advantageous in her continued treatment.

On or about 10/17/02 the patient was enrolled in a work hardening program that ran through 11/25/02. The patient was impaired and placed at Maximum Medical Improvement (MMI) on 01/03/03 and was assigned a 31% whole-person impairment of function.

Neurodiagnostic testing that included a nerve conduction velocity examination was performed on 01/29/03 and revealed prolonged latency of the left median nerve, mild conduction slowing at the ulnar nerve bilateral, distal sensory latency of the ulnar nerve bilateral; clinical correlation was warranted.

**Disputed Services:**

Work hardening program, functional capacity evaluation, office visits; dates of service 10/17/02, 10/22/02-99213, 10/25/02 thru 12/18/02, 1/17/03.

**Decision:**

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

Upper-level therapeutics that include work hardening and functional testing were medically necessary. It is medically necessary for this patient to undergo therapeutics that are active, patient-driven, and have a behavioral component. Functional capacity testing remains medically necessary in the management of this patient's condition.

The continued utilization of office visits on 10/17/02,10/22/02, 12/11/02, 12/18/02 and 1/17/03 were not medically necessary.

**Rationale:**

This patient's chronic condition requires the application of baseline testing to determine if

progression to upper-level therapeutics is warranted. Progression was clearly indicated and the complete trial of work hardening was medically necessary. Continued utilization of office visits is no longer medically necessary to treat this patient's medical condition.

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

- *American Medical Association, Guidelines to the Evaluation of Permanent Impairment, Fourth Edition.*
- Anderson, J. H., et al. *Computer Use and Carpal Tunnel Syndrome: A One-Year Follow-up Study.* JAMA, 2003, Jun 11; 289(22):2963-9.
- *Clinical Practice Guidelines for Chronic Non-Malignant Pain Syndrome Patients II: An Evidence-Based Approach.* *J. Back Musculoskeletal Rehabil.*, 1999, Jan 1, 13: 47-58.
- Priganc, V. W., Henry, S. M. *The Relationship Among Five Common Carpal Tunnel Syndrome Tests and the Severity of Carpal Tunnel Syndrome.* J. Hand Ther. 2003, Jul-Sep; 16(3):225-36.

It is clear that the patient's chronic condition has exhausted all conservative therapeutics that have included chiropractic, physical therapy, and upper-level therapeutics like work hardening. The patient is not a candidate for regression for uni-disciplinary therapeutic applications.

**ADDITIONAL COMMENTS:**

The provider's application of a whole-person impairment rating for this patient's condition is extremely high/severe for her documented injury, from the provided medical records.

The patient should be educated on the necessity of a home rehabilitation program and any further proposed therapeutic applications should be active and patient-driven.

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,