

MDR Tracking Number: M5-03-3138-01

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, 133.307 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 July 31, 2003.

The IRO reviewed office visits, myofascial release, therapeutic procedure, education supplies, ultrasound, physical medicine treatment, unlisted modality, paraffin bath, massage therapy, rendered on 8/15/02 through 9/20/02, 10/28/02 and 10/30/02 denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Consequently, the requestor is not owed a refund of the paid IRO fee.

The office visits on August 15, and August 26, 2002 were found to be medically necessary.

The physical therapy from August 15 through September 20, paraffin baths on October 16, 17, 21, 25, 28 and 30, myofascial release on October 17 and massage therapy on October 18 were not found to be medically necessary.

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 October 7, 2003, 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	MARS	Reference	Rationale
1/20/02	E0730	\$85.00	\$0.00	No EOB	DOP	<u>MFG, General Instructions Ground Rule (III) & (VI)</u>	Communication with ___ on 2/12/04 revealed that ___ does not desire to pursue charge E0730 for date of service 1/20/02. Therefore, at ___ request this charge will not be reviewed in this dispute.
TOTAL		\$85.00	\$0.00				See above for Rationale.

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 8/15/02 and 8/26/02 in this dispute.

This Order is hereby issued this 16th day of February 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

September 8, 2003

Amended February 10, 2004

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

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___ 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 Medical Doctor board certified and specialized in Occupational Medicine. 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

___ developed right carpal tunnel syndrome symptoms confirmed by electrodiagnostic testing in ___. She failed conservative treatment and underwent operative release on March 7, 2002. She underwent post-operative physical therapy consisting of 41 visits from March 25 through June 25, 2002 with persistence of carpal tunnel symptoms.

From August 15 through September 20, 2002 she underwent physical therapy, fifteen visits consisting of passive and active modalities with minimal improvement. She received a corticosteroid injection from ___ on August 14, 2003. There was an office visit on August 28th for follow-up of the injection and another on September 28th for discussion of repeat surgery. Repeat right carpal tunnel release was performed on November 26, 2002. She underwent physical therapy post-operatively. A left carpal tunnel release was performed on June 20, 2003.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits, myofascial release, therapeutic procedures, educational supplies, ultrasound, physical medicine treatment, and unlisted modality provided 8/15/02 - 9/20/02, 10/28/02 and 10/30/02.

DECISION

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

Office visits on August 15 and August 26, 2002 were found to have been medically necessary.

Physical therapy from August 15 through September 20 was not medically necessary, nor were the paraffin baths on October 16, 17, 18, 21, 25, 28 and 30. The myofascial release on October 17 and the massage therapy on October 18 were not found to be medically necessary.

BASIS FOR THE DECISION

This patient continued with symptoms despite initial surgical intervention. Office visits are reasonable and necessary to provide treatment, evaluate the response to that treatment and provide further therapeutic options for discussion.

However, the patient had already undergone a substantial course of physical therapy after her first operation. During this time she would have expected to become independent in self-directed modalities and exercises. Further physical therapy after this time would not be considered reasonable or medically necessary.

___ 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,