

MDR Tracking Number: M5-03-3285-01

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. The dispute was received on 08-14-03.

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(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** 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 myofascial release, therapeutic procedure, ultrasound therapy, hot or cold packs and office visit were found to be medically necessary through dates of service 01-20-03. The office visit, myofascial release, ultrasound therapy, electrical stimulation, hot or cold packs and electrodes for dates of service 03-17-03 through 03-20-03 and medical report on 01-20-03 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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 08-13-02 through 03-20-03 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 4th day of February 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

October 22, 2003

Re: IRO Case # M5-03-3285-01 amended

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 reported an injury to her right upper extremity in ___. She has been evaluated and treated by multiple medical professionals for pronator syndrome and ulnar neuritis. She was initially treated with physical therapy, medical therapy and pain management. The patient ultimately required a pronator release and this was followed by two 12-week courses of physical therapy. The patient's symptoms of ulnar neuritis worsened and she received two cubital tunnel steroid injections. Each of these injections were followed by prescribed physical therapy visits. Various physical therapy visits, including myofascial release, therapeutic ultrasound, hot/cold packs, electrical stimulation with electrodes and an office visit have been denied as not medically necessary.

Requested Service(s)

Myofascial release, therapeutic procedure, ultrasound therapy, hot or cold packs, office visit, medical report, electrical stimulation and electrodes 8/13/02-3/20/03

Decision

I disagree with the carrier's decision to deny most of the requested treatment, except that I agree with the decision to deny the physical therapy services and visits on 3/17/03 and 3/20/03, and the filing of the TWCC form 73 on 1/20/03

Rational

Based on the documentation provided for this review, most of the disputed treatment was part of the patient's post-operative therapy. For some reason, the patient's initial postoperative therapy was not started until approximately one month after surgery. The visits and modalities used were medically necessary and reasonable. Although the patient saw another medical provider from the same facility on 1/20/03 as well as the treating chiropractor, it was not unreasonable for the patient to see both his surgeon, and the chiropractor involved in therapeutic rehabilitation. Their office visits represent different evaluation and management decisions. The office visit was medically necessary and reasonable.

The physical therapy visits on 3/17/03 and 3/20/03 and the services provided on those dates were not medically necessary as the literature does not support post-injection physical therapy for cubital tunnel syndrome. The TWCC 73 form filed on 1/20/03 was also unnecessary because a previous report had been filed that month.

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

Sincerely,