

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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 Medical Review Division has reviewed the IRO decision. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the Commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

**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. The disputed services/supplies on the EOB that were denied for “U” on 1-19-01 were found to be medically necessary. There is still an unresolved fee dispute for the primary procedure and hemoglobin, hemotocrit, and EKG provided on 1-19-01.

**Per Commission Rule 133.307 (g) (3), the Division forwarded a copy of the requestor’s 14-day response to the insurance carrier on 12-17-02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 12-17-02. The response from the insurance carrier was received in the Division on 12-30-02. Based on 133.307 (i) the insurance carrier's response is timely.**

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
1-19-01	ASC billing w/ procedure code 04.43	\$1,537.54	\$1,153.16	M	DOP	§413.011(b) Rule 133.307 (g) (3)(E)	Since the carrier addressed the fair and reasonable reimbursement, the requestor provided documentation per the criteria of the Texas Labor Code § 413.011(b) to support a need for a change in the reimbursement. However, the documents submitted were not properly redacted in that the patients’ addresses were not redacted and cannot be used per Rule 133.307. Therefore, no additional reimbursement can be recommended.

1-19-01	Itemized services – supplies	\$721.96	0.00	U	DOP	IRO Decision §133.1(a)(8)	Anesthesia supplies, operating room equip, recovery room, and supplies were denied as unnecessary medical. IRO reversed carrier decision. Recommend reimbursement as billed - \$721.96.
1-19-01	93010 EKG Interp	\$ 15.00	0.00	T	DOP	IRO Decision §133.1(a)(8)	IRO reversed carrier decision. Recommend reimbursement as billed - \$15.00.
1-19-01	85018 hemoglobin	\$ 25.00	\$ 4.00	M	DOP	§413.011(b) Rule 133.307(g)(3)(E)	Since the carrier addressed the fair and reasonable reimbursement, the requestor provided documentation in accordance with the criteria of the Texas Labor Code § 413.011(b) to support a need for a change in the reimbursement. However, the documentation submitted was not properly redacted and cannot be used per Rule 133.307 (g) (3) (E). Therefore, no additional reimbursement can be recommended..
1-19-01	85014 hemotocrit	\$ 24.00	\$ 4.00	M	DOP		
1-19-01	93005 EKG	\$ 35.00	\$26.25	M	DOP		
TOTAL		\$2,358.50	\$1,187.41				The requestor is entitled to reimbursement of <b>\$736.96</b> .

**On this basis, the total amount recommended for reimbursement (\$736.96) represents a majority of the medical fees of the disputed healthcare and therefore, the requestor did prevail in the IRO decision. Consequently, the requestor is owed a refund of the paid IRO fee of \$650.00.**

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay \$1,386.96 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 date of service 1-19-01 in this dispute.

This Order is hereby issued this 24<sup>th</sup> day of January 2003.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

DZT/dzt

August 6, 2002

Texas Workers' Compensation Commission  
Attention: Rosalinda Lopez, Case Manager  
Medical Dispute Resolution  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

Re: Medical Dispute Resolution  
MDR #: M5-02-1888-01  
IRO Certificate No.: IRO 5055

Dear

\_\_\_ 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 board certified in Orthopedic Surgery.

**THE REVIEWER OF THIS CASE DISAGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER. CARPAL TUNNEL RELEASE IS MEDICALLY NECESSARY.**

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.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted.

Sincerely,

**MEDICAL CASE REVIEW**

This is for \_\_\_. I have reviewed the medical information forwarded to me concerning TWCC Case File #M5-02-1888-01, in the area of Orthopedic Surgery. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of carpal tunnel release.
2. Correspondence.
3. History and physical examination.
4. Physician's orders.
5. Nursing notes.
6. Operative report.
7. Electrodiagnostic study.
8. Electrocardiogram.
9. Laboratory reports.

B. BRIEF CLINICAL HISTORY:

This is the case of a 50-year-old female who has a 3½-month history of persistent left arm and hand pain with numbness and tingling in the palm of the left hand. Electrodiagnostic study by \_\_\_ on January 3, 2001, revealed a diagnosis of left carpal tunnel syndrome. The symptoms were refractory to the usual conservative treatment which includes rest, physical therapy, medication, splinting, and activity modification. Therefore, surgical release was felt to be indicated. This surgery was performed by \_\_\_ who is an Orthopedic surgeon.

C. DISPUTED SERVICES:

The disputed services involve the approval of the carpal tunnel surgery.

D. DECISION:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE. I FEEL THAT THE RECORDS SUPPORT THE NEED FOR CARPAL TUNNEL RELEASE ON THIS PATIENT.

E. RATIONALE OR BASIS FOR DECISION:

Conservative treatment resulted in no improvement, and the diagnosis was well established electrodiagnostically as well as on clinical examination. Therefore, I agree with \_\_\_ that the surgical release was indicated.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the

opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 5 August 2002