

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 amount due reimbursement for the services found medically necessary do not exceed the amount due for the services found not medically necessary. Therefore, the Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Therefore, in accordance with §133.308(q)(9), the Commission **Declines to Order** the respondent to refund the requestor 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 disputed office visits, therapeutic stretching exercises, ultrasound, massage and electrical stimulation on 11/19/01 were found to be medically necessary. The somatosensory evoked potential study, nerve conduction velocity study, H or F reflex study and sensory nerve study on 11/30/01 were not medically necessary. The respondent raised no other reasons for denying reimbursement.

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 11/19/01 through 11/30/01.

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 12th day of March 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

February 13, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-2149-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating 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 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 this case.

Clinical History

This 53 year old female sustained a work related injury on ___ when her left hand was caught between a door handle and a cleaning cart. The patient experienced a crushing injury to her left hand. After examination and testing, the patient was diagnosed with sprain of the carpometacarpal (joint) of the hand, contusion of the hand, and contusion of the wrist. The patient was under the care of a chiropractor and on 11/19/01 received office visits, therapeutic stretching exercises, ultrasound, massage, and electrical stimulation and on 11/30/01 received somatosensory evoked potential study, nerve conduction velocity study, H or F reflex study and sensory nerve study.

Requested Service(s)

Office visits, therapeutic stretching exercises, ultrasound, massage, electrical stimulation performed on 11/19/01 and somatosensory evoked potential study, nerve conduction velocity study, H or F reflex study and sensory nerve study on 11/30/01.

Decision

It is determined that the office visits, therapeutic stretching exercises, ultrasound, massage, and electrical stimulation on 11/19/01 were medically necessary to treat this patient's condition.

It is determined that the somatosensory evoked potential study, nerve conduction velocity study, H or F reflex study and sensory nerve study on 11/30/01 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation indicates that the patient experienced a crushing injury as compared to a simple bruising injury which would substantiate the medical necessity for the office visits, therapeutic stretching exercises, ultrasound, massage and electrical stimulation. These are standard of care for a patient with her findings upon examination. The medical record documentation lacks evidence to substantiate peripheral sensory defects. The initial evaluation regarding sensory testing dated 11/12/01 was normal. In addition there is no indication of swelling, edema, or peripheral vascular defects that would indicate the necessity for additional electro-diagnostic studies. The initial evaluation regarding vascular testing dated 11/12/01 was normal.

Therefore, the office visits, therapeutic stretching exercises, ultrasound, massage, and electrical stimulation on 11/19/01 were medically necessary to treat this patient's condition. However, the somatosensory evoked potential study, nerve conduction velocity study, H or F reflex study and sensory nerve study on 11/30/01 were not medically necessary to treat this patient's condition.

Sincerely,