

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 and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee.

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 therapy program (including evaluation, therapeutic exercises, message, manual therapy, work hardening and physical testing) was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the therapy program charges.

The service billed on 9/18/01 was not found to be medically necessary to treat this patient's condition, therefore reimbursement not recommended for date of service 9/18/01.

This Finding and Decision is hereby issued this 11th day of July, 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer

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 6/19/01 through 8/15/01 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 11th day of, July 2002.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

June 20, 2002

David Martinez
Chief, Medical Dispute Resolution
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 40
Austin, TX 78704-7491

RE: Injured Worker:
MDR Tracking #: M5-02-2447-01
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 §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 ____ physician reviewer who is board certified in family practice, which is the same specialty as the treating physician. The ____ physician reviewer 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 23 year old male sustained a work related injury on ____ when he cut off portions of the third and fourth digits while operating a machine. On 03/07/01 the patient underwent neurolysis of the left middle finger radial digital nerve, excision of a neuroma of the left ring finger digital nerve, advancement of the left ring fingertip tissue and full thick skin graft to the end of the left ring finger. The patient participated in a therapy program dated between 06/19/01 and 09/18/01 that included evaluation, therapeutic exercises, message, manual therapy, work hardening and physical testing.

Requested Service(s)

All billed services provided between 06/19/01 and 09/18/01.

Decision

It is determined that all of the services in question billed between 06/19/01 and 08/15/01 were medically necessary to treat this patient's condition. However, the services billed on 09/18/01 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation indicates that the patient was showing improvement in his strength throughout the period in question until 08/15/01. At that time, the patient was released to work with restrictions of certain vertical or repetitive work involving the left hand. The physical testing performed on 08/15/01 was medically necessary in order to evaluate the amount of improvement in the patient strength. However, the office visit billed on 09/18/01 was not medically necessary to treat this patient's condition because the patient had improved and was able to return to regular activities with the exception of activities that would be limited by the loss of his fourth finger.

Sincerely,