

MDR Tracking Number: M5-02-2606-01

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. 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 Chronic Pain Management program on 6-25-01 through 9-12-01 was found to be medically necessary. The requestor submitted an updated Table of Disputed Services showing that disputed dates of service 8-27-01, 9-4-01, 9-6-01, 9-10-01, and 9-12-01 were the only dates left unpaid. The respondent raised no other reasons for denying reimbursement for these charges.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

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 8-27-01 through 9-12-01 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 22nd day of July 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dzt

Medical Dispute Resolution
MDR #: M5-02-2606-01
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.

A matched peer performed the independent review with the treating health care provider. A physician who is a Board Certified in Psychiatry and Neurology.

THE REVIEWER OF THIS CASE PARTIALLY AGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER. Please see pages 4 and 5 of reviewer's report for the specifics of the determination.

I am the Secretary and General Counsel ___ 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,

July 17, 2003

**REVISED REPORT
Decision and Rationale revised.**

Re: Medical Dispute Resolution
MDR #: M5-02-2606-01
IRO Certificate No.: IRO 5055

___ 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 Certified in Psychiatry and Neurology.

Clinical History:

This 29-year-old female claimant was treated for carpal tunnel syndrome from the date of her original complaint on ___, with conservative care, including physiotherapy, ultrasound, massage, ice/heat, and physical therapy. She underwent surgeries on 7/23 and 10/01/99, one of which being bilateral carpal tunnel release. She was assigned an 8% whole-person impairment rating with an MMI date of 12/16/99. Another estimate of MMI on 02/05/00 was a 13% impairment rating. However, she continued to experience pain in her neck, hands, and left trapezius. Her physician did not believe the patient required further surgery, injections, or therapy. She was referred to a Pain Management Specialist who referred the patient to a chronic pain management program.

Disputed Services:

Chronic pain management program during the period of 06/25/01 through 09/12/01.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the chronic pain management program was medically necessary in this case.

Rationale:

Given the representation of the records provided for review, the pain management program was medically necessary. The patient would have had no opportunity to recover from her injury without the services available in this program.

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.

Sincerely,