

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. This dispute was received on 7-17-02.

The IRO reviewed office visits and physical therapy rendered from 8-15-01 through 11-23-01 that were denied based upon "U".

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 \$460.00** 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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On August 25, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

Services that were denied without an EOB will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
8-15-01	97139	\$85.00	\$0.00	N, T	DOP	CPT Code description UETG(f)(6)(A) General Instructions GR (III)	Claimant was injured on _____. Per the UETG(f)(6)(A), claimant was in the primary level of care (0-3 months). Per UETG(f)(6)(A), physical therapy is a recommended intervention at this phase of care; therefore, the insurance carrier incorrectly denied reimbursement based upon "T". The SOAP note does not document 97139. Does not meet DOP requirements; therefore, reimbursement is not recommended.
8-23-01	97110 (4 units)	\$140.00	\$70.00	F	\$35.00 / 15 min	CPT Code description Medicine GR (I)(A)(9)(b)	SOAP note does not support one to one supervision per MFG; therefore, reimbursement is not recommended.
11-23-01	97110 (4 units)	\$140.00	\$0.00	T	\$35.00 / 15 min	CPT Code description UETG(f)(6)(B) Medicine GR (I)(A)(9)(b)	Claimant was injured on _____. Per the UETG(f)(6)(B), claimant was in the secondary level of care (3-6 months post-injury). Per UETG(f)(6)(B), physical therapy is a recommended intervention at this phase of care; therefore, the insurance carrier incorrectly denied reimbursement based upon "T". SOAP note does not support one to one supervision per MFG; therefore, reimbursement is not recommended.
TOTAL							The requestor is not entitled to reimbursement.

This Decision is hereby issued this 16th of October 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 8-15-01 through 11-23-01 in this dispute.

This Order is hereby issued this 16th day of October 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

July 15, 2003

REVISED CORRESPONDENCE
Correcting incorrect MDR# on letter of 7/15/03.

Re: Medical Dispute Resolution
MDR #: M5-02-2945-01
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 Chiropractic Medicine.

Clinical History:

This female claimant sustained a repetitive motion injury on ___, and was diagnosed with carpal tunnel syndrome, paresthesia and muscle spasms. She received a combination of active and passive therapies for her condition and made good progress. She was evaluated by an orthopedic specialist who performed cortisone injections, and received a short course of physical therapy following the injections.

An FCE performed on 09/28/01 showed that she did not meet her job level (medium), and it was felt that the patient would benefit from a work hardening program. She began the work hardening program on 11/28/02, and successfully completed it on 01/11/02. A second FCE on 01/07/02 showed that the patient had made significant strides. Physical exam upon completion of the program showed the patient to be at MMI.

Disputed Services:

Office visits and physical therapy during the period of 08/15/01 and 08/29/01 through 11/23/01.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the office visits and therapy in question were medically necessary in this case.

Rationale:

It appears from the records provided that the treatment that the patient received was reasonable for the condition. Upon determining that the patient had not reached MMI, she received more treatment and physical therapy, and an injection was made, after which she made significant strides with her right carpal tunnel syndrome.

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,