

MDR Tracking Number: M5-02-3084-01

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 ambulatory surgical care services were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these ambulatory surgical care service charges.

This Finding and Decision is hereby issued this 24th day of June 2003.

Carol R. Lawrence
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 date of service 8/16/01 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 24th day of June 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/crl

June 16, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with board certification in plastic surgery and a specialty in hand surgery. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ is a 59-year-old female who sustained a work-related injury on ___. She subsequently was diagnosed with carpal tunnel and cubital tunnel syndromes of the left upper extremity. Left median and ulnar nerve decompressions were performed under general anesthesia at an ambulatory surgical facility in ___ on August 16, 2001 after obtaining pre-certification from ___ (Certificate #010806-145)

Intra-operative findings documented a significant compression of the left median nerve and similar findings of the ulnar nerve within the cubital tunnel. A pre-operative evaluation by the anesthesiologist resulted in a recommendation for the patient to receive a general anesthetic.

DISPUTED SERVICES

Under dispute is the medical necessity of ambulatory surgical care services rendered on 8/16/01.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The ambulatory surgical care in this particular case is considered medically necessary for the following reasons:

1. Two different operative sites in the same upper extremity were treated, which obviated the use of local or regional anesthesia, making a general anesthetic a necessity.
2. Standard pre-operative care for a 59-year-old patient includes lab work (i.e. CBC, PT, PTT, and UA), chest x-ray and ECG.
3. Surgical standards of care require the use of surgical equipment, sterile surgical supplies and pre-operative as well as intra-operative medications.
4. Since it was the treating surgeon's opinion that an overnight hospital stay for pain control was not necessary, then performance of the procedure on an outpatient basis at an ambulatory surgical center was appropriate.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,

References

1. Green, David: Operative Hand Surgery. Volume 2, Chapter 36, pages 1423-1478.
2. Nealon, Thomas: Fundamental Skills in Surgery. W.B. Saunders Company.
3. Nora, Paul: Operative Surgery Principles and Techniques. Lea & Febiger.