

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-3810.M5

MDR Tracking Number: M5-03-1659-01

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 **or January 1, 2003** and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that medical services were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that the medical necessity fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 3-18-02 through 3-28-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 2nd day of June 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division
DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

May 29, 2003

MDR Tracking #: M5-03-1659-01
IRO Certificate #: IRO 4326

The ___ 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 orthopedic surgery 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 patient sustained injuries to his right wrist and hand on ___ during his job. His job required heavy and repetitive lifting, pushing, and pulling. EMG studies from 7/31/01 revealed right carpal tunnel syndrome and ulnar nerve entrapment. An MRI performed on 11/1/01 revealed ganglion cyst of the right wrist. On 1/8/02, the patient underwent surgery to the right wrist for ganglion cyst removal, right carpal tunnel and ulnar nerve release. He had eight weeks of physical therapy pre-operatively and eight weeks post-operatively.

Requested Service(s)

Medical services rendered from 03/18/02 through 03/28/02

Decision

It is determined that the medical services rendered from 03/18/02 through 03/28/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

There was not a marked decrease in pain nor was there a marked increase in range of motion during the time from 03/18/02 through 03/28/02. There was a mild decrease in pain and range of motion. This could have occurred by a home exercise program, which could have been done by the patient without the use of one-on-one physical therapy. The patient had enough training and education throughout his multiple months of physical therapy to perform these exercises alone at home. Therefore, the medical services rendered from 03/18/02 through 03/28/02 were not medically necessary.

Sincerely,