

MDR Tracking Number: M5-03-0032-01

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. The dispute was received on September 2, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity for two units of therapeutic exercises, office visits, electrical stimulation, and ultrasound. However, the requestor did not prevail on the additional two units of therapeutic exercises or whirlpool therapy. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460** 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. Two units of therapeutic exercises, office visits, electrical stimulation, and ultrasound were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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 September 16, 2002 through September 23, 2002 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 1st day of December 2003.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

GR/gr

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M5-04-0032-01
IRO Certificate Number: 5259

November 19, 2003

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

Sincerely,

CLINICAL HISTORY

___, a 50-year-old female, sustained an on the job injury while working as a gardener for ___. While she was working, she was carrying a box of plants to her work station, when she slipped and fell, landing on her right outstretched arm, injuring her hand and wrist. She was followed by a medical doctor, Dr. ___, and was taken off work. She had two surgical procedures, a DeQuervain's release on 2/3/99 and trigger-thumb release on 3/28/99, both on the right. She then presented to ___ where she was seen by Dr. ___, a chiropractor on 7/30/99.

His impression was carpal tunnel syndrome with neuritis, the wrist sprain. She was placed on subsequent treatment course including joint mobilization, physical medicine with aquatic therapy progressing to rehabilitation measures. This was unsuccessful so she underwent thumb, right index, middle and ring finger tenovagotomy and tenosynovectomy with APL and EPB tendolysis surgical procedures on 8/27/02. This was followed up on 9/13/02 with a physical therapy program 3 times a week for 4 weeks, this time by ___. Treatment consisted of ultrasound, whirlpool, therapeutic exercises and interferential. This was successful in reducing her pain level to 6/10 by 10/15/02, with a 5° improvement in range of motion globally, according to a "consultation" report by Dr. ___.

The therapy records between 9/16/02 and 9/23/02 unfortunately all appear to be essentially the same, comprised of canned computerized notes. They are repetitious, contain minimally clinically useful information and do not show any significant progress / substantive change in treatment. Unfortunately this provides precious little clinical insight as to the patient's status, her progression or improvement/response to care.

Various services have been denied for payment based on medical necessity and is thus referred for medical dispute resolution purposes through the IRO process.

The items specifically in dispute are office visits, whirlpool, therapeutic exercises, electrical stimulation and ultrasound from 09/16/02 through 9/23/02.

REQUESTED SERVICE(S)

Office visit, whirlpool, therapeutic procedure, electric stimulation, ultrasound for dates of service 9/16/02 through 9/23/02.

DECISION

1/. Concerning code 97110: there is no establishment of medical necessity for 4 units of therapeutic exercises. Only two units would be sufficient for focused exercise program to the right hand.

2/. Concerning codes 97022-22: there is no establishment of medical necessity for whirlpool therapy.

3/. Concerning code 99211: there is establishment of medical necessity for office visits as billed.

4/. Concerning code 97032: there is establishment of medical necessity for electrical stimulation.

5/. Concerning code 97035: there is establishment of medical necessity for ultrasound.

RATIONALE/BASIS FOR DECISION

1/. Concerning code 97110 there is no establishment of medical necessity for 4 units of therapeutic exercises. Only two units would be sufficient for focused exercise program to the right hand.

A period of active care is appropriate, with the inclusion of therapeutic activities/exercises in a post-surgical rehabilitation environment. Unfortunately, the documentation appears fairly "canned / computer generated" without any specific exercises described pertinent to the right hand aside from simple range of motion exercises. I can find no clinical indication for the other "warm-up or cool-down" cardiovascular endurance workout described. There is no documentation supporting the type or response to exercises performed in terms of duration, sets, reps, etc. that would normally accompany such an intensive program of care. According to the billed amounts, this patient underwent essentially an hour of one-on-one exercises on each encounter date. No progression / response / deviation to the program is indicated to support any of this care. Two units per encounter date would appear to be all that is appropriate as far as a reasonable and necessary.

2/. Concerning codes 97022-22: there is no establishment of medical necessity for whirlpool therapy.

The patient was being treated for a focused post-surgical rehabilitation/strengthening program for the right wrist / hand. The application of whirlpool therapy does not appear to be medically necessary for this type of complaint, especially in conjunction with the other therapies billed concurrently on the same date.

3/. Concerning codes 97032, 97035, 99211: there is establishment of medical necessity for these services for all dates billed.

A period of postoperative conservative care is appropriate, with the inclusion of passive care modalities, in conjunction with therapeutic activities. Patient was less than two weeks out from a fairly complex surgery. This would appear to need some monitoring, if not by the doctor, which appropriately described as visit level 99211. The application of ultrasound/electrical stimulation would also seem to be appropriate for both pain management and inflammation purposes.

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical/chiropractic probability and are totally independent of the requesting client.