

MDR Tracking Number: M5-04-0131-01

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, 133.307 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 09-08-03.

The IRO reviewed office visits and physical medicine treatments rendered from 02-04-03 through 03-07-03 that was denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that the requestor **did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the IRO fee.

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

On 03-24-04, 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:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS	Reference	Rationale
3-21-03	99358-52	\$42.00 (1 unit)	\$0.00	F	\$84.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$42.00
TOTAL		\$42.00	\$0.00				The requestor is entitled to reimbursement in the amount of \$42.00

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 02-04-03 through 03-21-03 in this dispute.

This Findings and Decision and Order are hereby issued this 5th day of April 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

February 16, 2004

Re: IRO Case # M5-04-0131

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 31-year-old female who previously underwent deQuervains release with significant post-operative problems due to hypertrophic scar. In May 2002 the patient underwent surgical management of the scar with multiple unbundled procedures as described in the operative report. Evidently the patient underwent another surgery approximately one year later that consisted of very similar procedures including an advancement flap and microvascular reanastomosis of the radial nerve. Multiple office visits and physical therapy have been denied from the dates 2/4/03 through 3/7/03. Evidently the patient underwent physical therapy, including massage therapy, paraffin bath therapy and therapeutic procedures prior to this second surgery.

Requested Service(s)

Office visits, physical med treatment 2/4/03-3/7/03

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

Symptomatic neuromas are usually treated with surgical excision or occasionally respond to steroid injections. Physical therapy has not been shown to be effective for this condition. In addition, the medical documentation provided for this review does not support the necessity of the denied treatment and office visits.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.