

MDR Tracking Number: M5-04-0148-01

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 09-11-03.

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(r)(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.

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 therapeutic procedures (exercises) and office visits were found to be medically necessary. The myofascial release, hot and cold pack therapy and ultrasound were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This findings and decision is hereby issued this 10th day of December 2003.

Debra L. Hewitt
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 dates of service 09-19-02 through 12-24-02 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 10th day of December 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/dlh

December 4, 2003
Amended December 8, 2003

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

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IRO #: 5251

___ 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 Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). 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

The patient in question works as a customer service representative for a telephone company and performs data entry. Her typing duties encompass her job of 7 hours per day and very gradually over a period of about 2 years she began having pain in her arms and hands, minimally painful in nature. The pain continued to worsen until June of 2002 when she sought the care of ___. She was treated with conservative care to include chiropractic and passive modalities.

EMG examination was performed by ___ at the office of the treating doctor. The results were negative for a median nerve entrapment. Both EMG and NCV were negative in all tested areas. ___, a neurologist, diagnosed carpal tunnel syndrome, pronator teres syndrome and thoracic outlet syndrome. Also, he indicated that there was a depressive disorder of moderate degree. MRI was performed on the cervical spine and indicated some degenerative processes were in place. All other radiology was generally negative. A report by the designated doctor, ___ indicated MMI was reached on December 17, 2002 with a 4% whole person impairment rating.

DISPUTED SERVICES

The carrier has denied the medical necessity of therapeutic procedures, myofascial release, hot/cold packs, ultrasound therapy and office visits from September 19, 2002 through December 24, 2002.

DECISION

The reviewer disagrees with the prior adverse determination for the therapeutic procedures (97110) and office visits (99213).

The reviewer agrees with the prior adverse determination for all other services.

BASIS FOR THE DECISION

The reviewer finds that the passive treatment was not documented in the records as having a positive effect on the patient's clinical condition. While palliative care is reasonable early in a treatment program, at this point in the patient's care the treatment rendered would have been more appropriately active care, especially in light of the negative findings on testing for the Carpal Tunnel Syndrome. The active care as well as the office visits were reasonably documented as providing care that had a positive result on the patient's condition and would be considered as reasonable and necessary in this case.

___ 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,