

MDR Tracking Number: M5-04-0567-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 10-23-03.

The IRO reviewed work hardening and performance testing (FCE) from 8-4-03 through 8-20-03.

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 paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

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

On 1-21-04, 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 (Max. Allowable Reimbursement)	Reference	Rationale
8-20-03	99212	\$47.23	\$0.00	No EOB	\$39.19 x 125% = \$48.99	Rule 133.307(g)(3) (A-F) and Rule 134.202	Since neither party submitted an EOB, this review will be per the 2002 Medical Fee Guideline. Relevant information supports delivery of service. Recommend reimbursement of \$47.23.
TOTAL		\$47.23	\$0.00				The requestor is entitled to reimbursement of \$47.23.

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 Order is applicable for date of service 8-20-03 in this dispute.

This Order is hereby issued this 19th day of May 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

January 20, 2004

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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

___ is a 22-year-old gentleman who was injured at his job on ___ while working as a carrier for ___. The documentation states that ___ climbed on a box in order to reach some boxes atop a machine when he fell and injured his left wrist. ___ initially sought care with the company doctor where the records state that the patient was put in a cast for five months. (The reviewer has never heard of someone being put into a cast for five months for a wrist sprain, or even for a fracture.) The records state that the company doctor also prescribed home exercises.

The records reflect that this patient then sought care at ___ with ___ where conservative care was provided. The patient was referred for an MRI of the left wrist on 4/8/03 that revealed crowding of the flexor tendons within the carpal tunnel, anterior bowing of the flexor retinaculum and comparative prominence of the median nerve within the carpal tunnel. The patient was referred for an orthopedic consult on 5/1/03 with ___, whom opined that the patient had no reproducible pain and could handle modified duty. The documentation also shows the treating doctor now is ___ who appears to be in the same group of ___.

___ was also referred for an EMG/NCV study of the left upper extremity on 5/16/03 that was a normal study. The documentation states the patient went for a designated doctor examination on 7/10/03 that found the patient with no pathology in the wrist, but ambulated in the examination room with a limp to the left. The patient was put at MMI on 7/10/03 and given a 5% whole person impairment rating for a low back injury.

DISPUTED SERVICES

Under dispute is the medical necessity of work hardening and performance testing from 8/4/03 through 8/20/03

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The records reflect that this patient could have easily handled modified duty at his job. This determination was made based on the findings from ___ and the designated doctor. This determination was also based on the objective medical presented in this review form the diagnostics performed. This determination also falls within the Mercy Fee Guidelines (for a trial of treatment), RAND studies, Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters, and well within the mainstream of the medical community.

___ 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,