

MDR Tracking Number: M5-04-1737-01

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 February 13, 2004.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. The office visits, myofascial release, therapeutic procedures, and ultrasound from 03-26-03 through 05-28-03 **were found** to be medically necessary. 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.

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

On May 13, 2004, 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.

In accordance with Rule 129.5, the requestor submitted relevant information to support delivery of service for CPT code 99080-73 (work status report) on date of service 03-26-03. The carrier denied this service for unnecessary medical treatment based on a peer review. However, the TWCC-73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter and therefore, recommends payment in the amount of \$15.00 in accordance with the Medical Fee Guidelines.

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 dates of service 03-26-03 through 05-28-03 in this dispute.

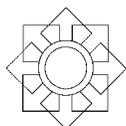
The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 8th day of October 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

Enclosure: IRO Decision



Texas Medical Foundation

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NOTICE OF INDEPENDENT REVIEW DECISION

April 30, 2004

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker: _____
MDR Tracking #: M5-04-1737-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) 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 TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in

Chiropractic Medicine. TMF's health care professional 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 TMF 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 is a 26 year old female with repetitive stress disorder to both upper extremities and neck reported an industrial related incident on _____. Her documented diagnoses were bilateral carpal tunnel syndrome, cubital/lateral epicondylitis, and thoracic myofascitis. On 03/12/02, she underwent a right carpal tunnel release and on 10/01/02, a left carpal tunnel release. On 04/23/03, medical record documentation states the patient's EMG/NCV revealed "some mild right CTS", but no symptoms related to left cubital tunnel syndrome. Other treatment included physical therapy, wrist injections, work conditioning program, and home therapy including a neuromuscular stimulation unit.

Requested Service(s)

Office visits, myofascial release, therapeutic procedures, and ultrasound from 03/26/03 through 05/28/03.

Decision

It is determined that the office visits, myofascial release, therapeutic procedures, and ultrasound from 03/26/03 through 05/28/03 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation indicates that on _____, the patient experienced an aggravation of her left forearm and hand pain while performing a typing test as part of her work-conditioning program. Another EMG/NCV was performed on 04/15/2003 and indicated some mild right carpal tunnel syndrome but no symptoms related to left cubital tunnel syndrome. A referral was made and on 05/08/2003 the patient received an injection with 6 sessions of post injection therapy prescribed. These were performed from 05/15/2003 through 05/28/2003.

The patient was doing well with the treatment plan until her re-aggravation during a typing test. Under normal circumstances no additional care would be warranted based upon the intensive program she had undergone. However, due to the documented flare-up of her on the job injury, an injection was necessary to insure proper recovery from her aggravation, post injection therapy of six sessions was required.

Therefore, it is determined that office visits, myofascial release, therapeutic procedures, and ultrasound from 03/26/03 through 05/28/03 were medically necessary to treat this patient's condition.

Sincerely,

A handwritten signature in black ink, appearing to read "Gordon B. Strom, Jr.", written in a cursive style.

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm