

**MDR Tracking Number: M5-04-2072-01**

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 (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 March 10, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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 joint mobilization, hot/cold pack therapy, electrical stimulation unattended, ultrasound, therapeutic procedure-group, office visits, and therapeutic exercises from 03-10-02 through 06-06-03 **were found** to be medically necessary. The manual therapy technique, therapeutic exercises, ultrasound, hot/cold pack therapy, and neuromuscular re-education from 08-18-03 through 09-24-03 **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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

Based on the review of the disputed issues within the request, the Medical Review Division submitted a Notice to the requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 19 days of the requestor's receipt of the Notice.

On August 11, 2004 the Medical Review Division submitted a Notice to the requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 19 days of the requestor's receipt of the Notice.

The carrier denied CPT code 90900 on 06-06-03 and 06-09-03 with "A – Preauthorization was required, but not requested for this service per TWCC Rule 134.600."

In accordance with Rule 134.600, the requestor provided a copy of the preauthorization letter dated 01-28-03 with pre-authorization # AEF4G1-03, therefore reimbursement is recommended in the amount of \$240.00.

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 03-10-03 through 06-09-03 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 27<sup>th</sup> day of August 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

PR/pr

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**NOTICE OF INDEPENDENT REVIEW DECISION**

July 9, 2004

**Re: IRO Case # M5-04-2072**, amended 8/13/04

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) 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, Rule 133.308 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 Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy 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 a Board certified in Physical Medicine and Rehabilitation, 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 Envoy 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 Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

#### Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Case reviews 6/18/03, 3/14/03
4. Electrodiagnostic study reports 12/3/03, 7/6/02
5. Chest x-ray reports 12/30/02, 10/9/02
6. MRI right shoulder report 11/17/02
7. X-ray report 10/9/02
8. MRI of the cervical spine reports 5/18/02, 3/6/03
9. X-ray cervical spine report 5/6/02
10. CT myelogram report 9/8/03
11. RME 9/29/03, 7/8/02, 2/3/03, 6/30/03, 10/17/03
12. Initial office visit note 8/22/02
13. Follow up office visit note 9/24/02
14. Initial neurological evaluation 5/7/02
15. Operative reports ESIs
16. Pain management consultation report 8/26/03
17. M.D. initial evaluation and office note 7/2/03, 7/21/03
18. M.D. office notes
19. Operative report 1/9/03, 6/17/03
20. Initial D.C evaluation and follow up notes
21. Physical therapy progress notes

#### History

The patient is a 54-year-old female who reported the gradual onset of right-sided neck and arm pain. The arm pain involved the shoulder, arm and forearm. The patient reported numbness in the index finger of her right hand. She initially presented to her D.C. on 5/6/02. X-rays were taken and were read as normal. A 5/18/02 MRI of the cervical spine revealed a posterior and central herniation at C4-5. Electrodiagnostic testing revealed carpal tunnel syndrome on the right. The patient was treated with aggressive conservative

treatment, including chiropractic care and modalities, as well as epidural steroid injections and trigger point injections. An MRI of the right shoulder on 11/17/02 revealed AC joint arthritis, subacromial/subdeltoid bursal effusion, tendinopathy, and partial thickness tearing of the supraspinatus. It was not believed that cervical spine surgery was necessary. The patient did go on, however, to have achromioplasty and rotator cuff repair on 1/9/03. She was started in post-surgical physical therapy on 1/16/03. The patient then had carpal tunnel release surgery on 6/17/03, followed by therapy with an occupational therapist.

#### Requested Service(s)

Office visit, joint mobilization, therapeutic procedures, hot or cold packs, ultrasound, manual therapy techniques, neuromuscular re education, electrical stimulation unattended 3/10/03 – 9/24/03

#### Decision

I disagree with the carrier's decision to deny the requested services through 6/6/03.

I agree with the denial of services 8/18/03 –9/24/03

#### Rationale

During the period 3/10/03 – 6/6/03 the patient was status post arthroscopic rotator cuff repair and achromioplasty. Post operatively, she was started on physical therapy with passive ROM, exercises and modalities to reduce inflammation and pain, and to improve healing of the surgical site. She was then started on active physical therapy on 4/1/03. She completed six weeks of physical therapy on 5/6/03, and continued physical therapy for four more weeks until the time of her carpal tunnel surgery. This amount of physical therapy following this type of procedure is reasonable and necessary.

The patient had a very complicated course involving multiple pain generators. Her symptoms were chronic and longstanding. She developed a chronic pain syndrome, and addressing the psychological aspect of her ailment would help her progress to a point where she could be able to work.

The patient had carpal tunnel release surgery on 6/17/03 followed by 12 sessions of physical therapy 7/2/03 – 8/1/-3. She then started another 12 sessions of physical therapy on 8/6/03, which was completed on 9/10/03. She was then started on another 12 sessions of physical therapy on 9/15/03. The documentation provided for this review does not support the medical necessity of continued 1:1 treatment following carpal tunnel release surgery. For continued deficits in strength and range of motion, a home exercise program would be appropriate, and would enable the patient to take an active part in her recovery. Factors that might necessitate continued physical therapy would include RSD, scar sensitivity or heavy manual labor. No documentation was provided indicating any of these or any other reason why the patient needed 36 visits of physical therapy following carpal tunnel release surgery.

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