

MDR Tracking Number: M5-04-2159-01

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 3-16-04. The disputed dates of service 3-10-03 through 3-14-03 are untimely and ineligible for review per TWCC Rule 133.308 (e)(1) which states that a request for medical dispute resolution shall be considered timely if it is received by the Commission no later than one year after the dates of service in dispute.

The IRO reviewed office visits, therapeutic procedures, myofascial release, and modalities on 3-21-03 to 5-15-03.

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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. On 6-22-04, 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.

Codes 99212, 97110, 97112, 97012, and 97250-52 billed for dates of service 3-17-03, 3-19-03, 4-2-03 through 4-16-03, 5-30-03 through 12-15-03 had no EOBs submitted by either party. Per Rule 133.307(e)(2)(B), the requestor shall include a copy of each EOB, or if no EOB was received, convincing evidence of carrier receipt of the request for an EOB. Requestor did not submit convincing evidence of carrier receipt of request for reconsideration. Per Rule 133.307(e)(3)(B), the carrier is required to provide any missing information including absent EOBs not submitted by the requestor. The carrier's initial response to the medical dispute did not include the missing EOBs; therefore, a review of these services cannot be conducted and no reimbursement can be recommended.

Code 99212 billed for date of service 2-4-04 cannot be reviewed since it was submitted to MDR prematurely. Rule 133.304 (a) states a carrier shall take final action on a bill not later than 45 days after receipt of the bill. MDR received the dispute on 3-16-04. Per Commission Rule 102.5(d), the date received is deemed to be five days from the date mailed. Therefore, this DOS was untimely filed and cannot be reviewed.

The above Findings and Decision is hereby issued this 12th day of November 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

**NOTICE OF INDEPENDENT REVIEW DECISION
THIRD AMENDED DECISION**

Date: November 8, 2004

RE:
MDR Tracking #: M5-04-2159-01
IRO Certificate #: 5242

_____ 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 _____ 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 proposed 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 Plastic/Hand Surgeon reviewer who is board certified and has an ADL certification. The reviewer 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 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

The patient, _____, had a date of injury of ____ and was treated with outpatient visits, therapeutic procedures, myofascial release, soft tissue mobilization and applicable modalities.

Requested Service(s)

Office outpatient visit, therapeutic procedure, myofascial release/soft tissue mobilization, applicable modalities on 3/21/03 - 5/15/03.

Decision

I agree with the insurance carrier that the services rendered between 3/21/03 - 5/15/03 were not medically necessary.

Rationale/Basis for Decision

The critical problem with this review is that a firm working diagnosis was never established from the very beginning. The patient did have symptoms consistent with left carpal tunnel syndrome, however, this was never diagnosed and a consultation with a hand surgeon was never obtained. A neurologist's opinion and an EMG study were never obtained. In addition, the Nationally Accepted Guidelines, specifically The Guidelines of the American Society of Surgery of the Hand predicate that in a condition such as a mild carpal tunnel syndrome, the patient should be treated with the following options: (1) splinting in a neutral position; (2) intake of non-steroidal anti-inflammatory drugs; (3) steroid injections; (4) elimination of aggravating activities. Rehabilitative modalities such as the ones from 3/21/03 - 5/15/03 generally are second line modalities in concert with the treatment options already detailed. The course of treatment for these modalities including the splinting, non-steroidals, steroid injections and rest should not have exceeded a time length of approximately 3-6 weeks. On this basis, the services rendered between 3/21/03 - 5/15/03 appear to be not following the Nationally Approved and Followed Guidelines for the treatment of this condition.