

MDR Tracking Number: M5-04-2442-01

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, 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 4-5-04.

The IRO reviewed range of motion, office visits, mechanical traction, paraffin bath, diathermy, unlisted modality, massage therapy, and chiropractic manipulation from 4-22-03 to 12-18-03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor prevailed** on the majority of the medical necessity issues. The IRO concluded that the range of motion, office visits, mechanical traction, paraffin bath, diathermy, unlisted modality, massage therapy, and chiropractic manipulation from 4-22-03 to 10-16-03 were medically necessary. The IRO agrees with the previous determination that the range of motion, office visits, mechanical traction, paraffin bath, diathermy, unlisted modality, massage therapy, and chiropractic manipulation from 10-22-03 to 12-18-03 were not 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.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 6-15-04, 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.

Code 99070 billed on 9-4-03 was denied as “G, B377 – this is a bundled procedure; no separate payment allowed.” Per Rule 133.304 (c) carrier didn't specify which service this was bundled with, therefore it will be reviewed according to Rule 134.202. Rule 134.22 (c)(6) states in part, “for products and services for which CMS or the commission does not establish a relative value unit and/or a payment amount the carrier shall assign a relative value, which may be based on nationally recognized published relative value studies, published commission medical dispute decision, and values assigned for services involving similar work and resource commitments.” Per Rule 133.307(g)(3)(D), the requestor did not submit documentation that discusses,

demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement. Therefore, no reimbursement is recommended.

Code 99080-73 billed on 10-7-03 and 12-18-03 was denied as unnecessary medical. The TWCC-73 is a required report per Rule 129.5 and not subject to an IRO review. The Medical Review Division has jurisdiction in this matter; therefore, recommend reimbursement.

- Code 99080-73 – Per Rule 129.5, the MAR is \$15.00. Recommend reimbursement of \$15.00 x 2 days = \$30.00.

Code 99455-V3-WP billed on 10-16-03 was denied as “F, Z342 – whole procedure; Z560 – the charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix.” Requestor did not submit documentation to support level of service and body areas tested per Rule 134.202 (6)(D)(iii); therefore, this service cannot be reviewed and no additional reimbursement can be recommended.

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 4-22-03 through 12-18-03 in this dispute.

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

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

June 11, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-04-2442-01
TWCC #:
Injured Employee:
Requestor:
Respondent:
----- Case #:

----- has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ----- IRO Certificate Number is 5348. Texas Worker’s Compensation

Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ----- for independent review in accordance with this Rule.

----- has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ----- external review panel who is familiar with the with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The ----- chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ----- for independent review. In addition, the ----- chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 51 year-old female who sustained a work related injury on ----- . The patient reported that while at work she began to experience bilateral hand pain that radiated up into her forearms, elbows, arms, shoulders, neck and upper back when she was performing her work duties at the gizzard table. The initial diagnoses for the patient included carpal tunnel syndrome. The patient presented to the treating chiropractor office on 6/17/02 and was diagnosed with neck sprain/strain, grade II, carpal tunnel syndrome, R&L, bursitis, tendonitis of shoulder, bilateral, and myalgia and myositis, bilateral upper extremities. Initial treatment for this patient included a home therapy program of exercises, chiropractic management and physical medicine treatments including passive and active therapy. On 4/4/03 the patient underwent right carpal tunnel release followed by therapy. On 10/7/03 the patient was reported to have sustained an exacerbation of her condition and was treated with further therapy.

Requested Services

Range of motion measurements, levels I, II, & III established patient office visits, mechanical traction, paraffin bath, diathermy, unlisted modality, massage therapy, and chiropractic manipulative treatment from 4/22/03-12/18/03.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Position Statement 5/12/04
2. SOAP notes 6/17/02 – 12/18/03
3. Initial Medical Narrative Report 6/17/02

Documents Submitted by Respondent:

1. No Documents Submitted

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is partially overturned.

Rationale/Basis for Decision

The ----- chiropractor reviewer noted that this case concerns a 51 year-old female who sustained a work related injury to her bilateral hands on ----- . The ----- chiropractor reviewer also noted that the diagnoses for this patient have included carpal tunnel syndrome, neck sprain/strain, grade II, bursitis, tendonitis of shoulder, bilateral, and myalgia and myosistis, bilateral upper extremities. The ----- chiropractor reviewer further noted that treatment for this patient's condition has included a home therapy program of exercises, chiropractic management and physical medicine treatments including passive and active therapy, and right carpal tunnel release. The ----- chiropractor reviewer indicated that the patient made objective gains up until the time she was deemed to be at maximum medical improvement on 10/16/03. The ----- chiropractor reviewer noted that the patient failed to make further progress after 10/16/03. The ----- chiropractor reviewer explained that the treating doctor and designated doctor agreed that her maximum medical improvement date was 10/16/03. The ----- chiropractor reviewer also explained that the treatment rendered to this patient from 4/22/03 through 10/16/03 was well documented and follow up testing demonstrated sufficient progress to continue care. Therefore, the ----- chiropractor consultant concluded that the range of motion measurements, levels I, II, & III established patient office visits, mechanical traction, paraffin bath, diathermy, unlisted modality, massage therapy, and chiropractic manipulative treatment from 4/22/03 through 10/16/03 were medically necessary to treat this patient's condition. However, the ----- chiropractor consultant further concluded that the range of motion measurements, levels I, II, & III established patient office visits, mechanical traction, paraffin bath, diathermy, unlisted modality, massage therapy, and chiropractic manipulative treatment from 10/22/03 through 12/18/03 were not medically necessary to treat this patient's condition.

Sincerely,