

MDR Tracking Number: M5-04-2489-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 04-12-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. 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 the only issue** to be resolved. The therapeutic exercises, electrical stimulation, office visits, prolonged evaluation/management, massage therapy, paraffin bath and special report were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 22<sup>nd</sup> day of July 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

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 07-01-03 through 10-02-03 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 22<sup>nd</sup> day of July 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/dlh

NOTICE OF INDEPENDENT REVIEW DECISION

July 15, 2004

Rosalinda Lopez  
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 #: M5-04-2489-01  
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 care. 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 patient sustained a work-related injury on \_\_\_ when she had an open wound of the right index finger and laceration of the extensor tendon. The patient underwent debridement of skin and subcutaneous tissues, simple closure of 4 cm wound, extensor tendon repair of the proprius and communis, and sagittal band repair on 04/22/03. The patient's post-operative treatment included; therapeutic exercises (97110), electrical stimulation (G0293), office visits (99213/99214), prolonged evaluation/mgmt (99358-52), massage therapy (97124), paraffin bath (97018), and special report (99080-73) billed from 07/01/03 through 10/02/03.

#### Requested Service(s)

Therapeutic exercises (97110), electrical stimulation (G0293), office visits (99213/99214), prolonged evaluation/mgmt (99358-52), massage therapy (97124), paraffin bath (97018), and special report (99080-73) billed from 07/01/03 through 10/02/03.

#### Decision

It is determined that the therapeutic exercises (97110), electrical stimulation (G0293), office visits (99213/99214), prolonged evaluation/mgmt (99358-52), massage therapy (97124), paraffin bath (97018), and special report (99080-73) billed from 07/01/03 through 10/02/03 were medically necessary to treat this patient's condition.

#### Rationale/Basis for Decision

This patient underwent surgery and subsequently spent six weeks in a splint with the hand and wrist immobile. She demonstrated reduced wrist, index, and middle finger ranges of motion following surgery and six weeks of immobilization. The medical records pertaining to the examination on 08/01/03 revealed reduced ranges of motion in the hand and wrist with reduced grip strength in the right hand as compared to the left. The surgeon recommended post-operative rehabilitation and physical therapy. The therapeutic exercises (97110), electrical stimulation (G0293), office visits (99213/99214), prolonged evaluation/mgmt (99358-52), massage therapy (97124), paraffin bath (97018), and special report (99080-73) billed from 07/01/03 through 10/02/03 were medically necessary to treat the patient post-surgically.

Haldeman et al indicated that it is beneficial to proceed to the rehabilitation phase of care as rapidly as possible to minimize dependence on passive forms of treatment/care and reaching the rehabilitation phase as rapidly as possible and minimizing dependence on passive treatment usually leads to the optimum result (*Haldeman, S., Chapman-Smith, D., and Petersen, D., Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen, Gaithersburg, Maryland, 1993*)

Sincerely,