

MDR Tracking Number: M5-04-2596-01

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 04-20-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity for myofascial release, neuromuscular re-education, office visits, therapeutic exercises and medical disability exam during the period of 4-24-03 through 6-13-03. 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 \$650.00** 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 myofascial release, neuromuscular re-education, office visits, therapeutic exercises, and medical disability exam were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for myofascial release, neuromuscular re-education, office visits, therapeutic exercises and medical disability exam.

This Findings and Decision is hereby issued this 29<sup>th</sup> day of June 2004.

Donna Auby  
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 04-24-03 through 6-13-03 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 29<sup>th</sup> day of June 2004.

David R. Martinez, Manager  
Medical Dispute Resolution  
Medical Review Division

June 23, 2004

Rosalinda Lopez  
Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

Re: Medical Dispute Resolution  
MDR #: M5-04-2596-01  
TWCC#:  
Injured Employee:  
DOI:  
SS#:  
IRO Certificate No.: 5055

Dear Ms. Lopez:

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in Pain Management and is currently on the TWCC Approved Doctor List.

## REVIEWER'S REPORT

### Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's  
Information provided by Requestor (Treating Doctor): letter of medical necessity, clinical notes, test results, treatment plans and other relevant documents.

### Clinical History:

This claimant sustained a work-related injury on \_\_\_\_, which resulted in moderate to severe right wrist pain. Workup included an MRI of the right wrist, which did show evidence of inflammation and swelling/contusion in the right wrist. Electrodiagnostic studies of the upper extremities done on 3/27/03 were normal. Hand surgery consultation by Dr. V on 3/27/03 resulted in the recommendation that the patient continue with physical therapy, symptomatic treatment with analgesics, and followup in 4-6 weeks. The patient did undergo physical therapy with the last date being 5/29/03, according to the records available to me. Initially, during physical therapy, the patient was reporting no significant change to her pain symptoms, but the notes for a later visits indicate that she did report that she was feeling better progressively with each visit.

### Disputed Services:

Myofascial release, neuromuscular re-education, office visits, therapeutic exercises and medical disability exam during the period of 04/24/03 through 06/13/03.

### Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were medically necessary in this case.

### Rationale:

It appears that the claimant sustained an injury to her right wrist which had correlation with imaging. A hand specialist also suggested the patient continue with physical therapy, which did provide some benefit to the patient per the reports from each physical therapy visit, especially in the later stages. Certainly, a course of physical therapy would be considered appropriate for this type of injury. The physical therapy could entail some of the disputed services including the myofascial release, joint mobilization, and neuromuscular reeducation, as well as therapeutic exercise.

The office visits for medical follow-up are also considered appropriate and medically necessary to document the status of the patient's injuries. The peer review indicated that "reasonable course of treatment should be associated with intermittent followups with the treating physicians and a supplemental functional capacity" along with continued use of analgesics, etc. This peer review dated 5/27/03, further indicates that the patient's recovery should be expected "in the next 2-3 months". This range would certainly cover the date range of the services that have been disputed. The peer reviewer also recommended a functional capacity evaluation at some point in the 2 or 3 month time range, which was then performed on 6/13/03. The services that were provided were medically necessary to this type of injury.

Sincerely,