

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER: 453-05-3675.M5

MDR Tracking Number: M5-04-2791-01

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. This dispute was received on 4-29-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the Level IV new patient office visit, myofascial release, electrical stimulation unattended, hot-cold pack therapy, ice cap or collar, level III and IV established patient office visits with and without manipulation, ultrasound, muscle testing and group therapy from 5-13-03 through 7-31-03 were not medically necessary. Therefore, the requestor is not entitled to a reimbursement of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were not the only fees involved in the medical dispute 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 11-22-04, 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.

The carrier denied CPT Code 99080-73 for dates of service 5-13-03, 7-15-03, 7-31-03 with a V or a U for unnecessary medical treatment. However, the TWCC-73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter and, therefore, recommends reimbursement. Requester submitted relevant information to support delivery of service. Per 129.5 **recommend reimbursement of \$45.00.**

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees on 5-13-03, 7-15-03 and 7-31-03 as outlined above in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003; plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

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 Decision and Order is hereby issued this 20<sup>th</sup> day of December 2004.

Medical Dispute Resolution Officer  
Medical Review Division

Enclosure: IRO Decision

**Envoy Medical Systems, LP**  
**1726 Cricket Hollow**  
**Austin, Texas 78758**

Ph. 512/248-9020  
IRO Certificate #4599

Fax 512/491-5145

**NOTICE OF INDEPENDENT REVIEW DECISION**

July 14, 2004

**Re: IRO Case # M5-04-2791-01** amended 7/20/04, 11/15/04

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 Doctor of Chiropractic, who is licensed by the State of Texas, 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 services
2. Explanation of benefits
3. Review 5/28/03
4. Review 8/13/03
5. RME report 4/21/03
6. Report 2/10/03
7. Report 6/17/03
8. Initial D.C. report 5/13/03
9. Treatment notes
10. D.C. evaluation reports
11. Employee's request to change treating doctor 5/9/03
12. TWCC work status reports
13. Disability reports
14. M.D. reports 6/24/03 –7/8/03
15. M.D. reports 6/5/03 – 7/1/-3
16. Other M.D. reports
17. NCS report 2/17/03
18. EEG report 3/26/03
19. MRI cervical spine report 6/19/03
20. X-ray reports 6/19/03
21. PPE report 5/27/03
22. FCE report 10/22/03
23. Letter from carrier to IRO 6/14/04

History

The patient reported injury to his wrists on \_\_\_\_\_. He had a gradual onset of numbness in his hands. He has seen several doctors and has been diagnosed with bilateral carpal tunnel syndrome and cervical radiculopathy. He sought chiropractic care on 5/13/03. He was evaluated by MRI, x-rays and electrodiagnostic studies. Treatment has included physical therapy, injections, medications and chiropractic treatment.

Requested Service(s)

Level IV new patient office visit, myofascial release, electrical stimulation unattended,

hot/cold pack therapy, ice cap or collar, level III & IV established patient office visit w & w/o manip, ultrasound, muscle testing, group therapy 5/13/03-7/31/03

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

The patient had an adequate trial of physical therapy for months prior to the dates in dispute without relief of symptoms or improved symptoms. After reviewing the documentation presented for this review, it is unclear whether the patient had a cervical radiculopathy alone, or carpal tunnel syndrome, or a combination of both. This was definitely a complicated case. The prognosis for a diagnosis of bilateral carpal tunnel syndrome and radiculopathy would be poor. According to the D.C.'s documentation, the D.C. was treating both the radiculopathy and carpal tunnel syndrome, with poor results that were not of benefit to the patient. Injections, medications and conservative treatment failed to be beneficial to the patient.

On 6/18/03, one month after the initiation of treatment, the D.C. noted that "there is no particular change in the symptoms in his hands," and the "numbness in his hands is constant." He D.C. also noted that "[h]is grip strength is very weak bilaterally.

The treatment as failing, yet the D.C. continued to treat the patient without changing the treatment plan for another month.

The efficacy of chiropractic treatment is questionable in such a complicated case. Two months of conservative treatment failed prior to the D.C.'s initiation of treatment. The failure of conservative therapy does not establish a medical rationale for additional non-effective therapy. The ongoing and chronic care did not produce measurable or objective improvement and did not appear to be directed at progression for return to work.

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

---

Daniel Y. Chin, for GP