

**MDR Tracking Number: M5-04-2851-01**

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 05-03-04.

The IRO reviewed conservative care for right carpal tunnel syndrome rendered from 05-05-03 through 08-14-03 that were denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for office visits, level III and IV, paraffin bath, myofascial release, ultrasound, paraffin per pound, arthrocentesis, syringe w/needle sterile, injection methylprednisolone, unclassified drugs, group therapy procedures, hot/cold pack therapy, and electrical stimulation. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 06-21-04, 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 following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
07-09-03	99213-MP	\$60.00	0	F	\$48.00	MFG	Daily Treatment Log supports delivery of service. Recommended Reimbursement \$48.00
07-15-03	97140	\$44.00	0	F	\$43.00	MFG, General Instructions, (I)(A-D)	Requestor did not bill the applicable CPT code in effect at the time services were rendered therefore, reimbursement is not recommended.
TOTAL		104.00					The requestor is entitled to reimbursement of \$ <b>48.00</b>

**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 Decision is applicable for dates of service 05-05-03 through 08-14-03 in this dispute.

This Decision & Order is hereby issued this 16<sup>th</sup> day of August 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

PR/pr

**NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** July 12, 2004

**RE:**

**MDR Tracking #:** M5-04-2851-01

**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 Physical Medicine and Rehabilitation reviewer (who is board certified in Physical Medicine and Rehabilitation) who 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.

**Submitted by Requester:**

- Multiple therapy notes
- Notes by \_\_\_\_\_ on multiple dates of services

- Functional capacity evaluation
- Required medical examination by \_\_\_\_\_.
- Order for carpal tunnel splint on 7/02
- Daily treatment log from 5/5/03-8/15/03 from \_\_\_\_\_
- Physical therapy review 5/21/04 by \_\_\_\_\_
- \_\_\_\_\_ letter regarding treatment dispute service date information from 5/5/03-8/14/03

**Submitted by Respondent:**

- Notes from \_\_\_\_\_
- Notes from \_\_\_\_\_
- Notes from \_\_\_\_\_
- Notes from \_\_\_\_\_

**Clinical History**

Records received are listed with a date of injury on \_\_\_ with repetitive trauma. Records are from \_\_\_\_\_.

She was seen on 12/11/03 for right carpal tunnel syndrome and status post carpal tunnel injections times three and was scheduled, it states, for a right carpal tunnel release with \_\_\_\_\_ on 12/31/03. When looking through the records, it appears that this carpal tunnel release on the right was performed on 1/27/04. Up to this date she had been using braces for her carpal tunnel and Motrin. She has a past medical history that is significant for a left carpal tunnel release according to \_\_\_\_\_.

\_\_\_\_\_ had followed this patient with notes present prior to this 12/11/03 note with sessions being seen 11/6/03, 10/7/03, 9/4/03, 7/24/03, and 7/1/03, all for carpal tunnel syndrome. Initially this was bilateral with the right more symptomatic than the left. As the notes progressed, complaints were only on the right. A 7/22/02 note states that the patient has two separate carpal tunnel syndrome cases. On this date she is in the clinic for the right and injection was given. This patient is an approximate 55 year old female. Height and weight could not be found. There are occupational therapy notes present on 6/7/04, where it states she has completed 24 sessions for her status post right carpal tunnel release and is scheduled for a functional capacity evaluation on 6/14/04. This was performed and states that she could not tolerate 8 hours of her job. Her grip examination was noted to only have mild deficits bilaterally. She has undergone modality therapy of ultrasound, heat/cold, scar massage, and exercise. There are occupational therapy notes present for the 24 sessions. She does have a break in treatment for the right carpal tunnel syndrome from 2/27/04-4/5/04 due to what appears to be an infection that she developed in the incision. On 8/14/03, \_\_\_\_\_ notes that she is status post left carpal tunnel release and is doing much better. She is at that point now complaining of the right hand. Then there are notes present with an ongoing follow-up with \_\_\_\_\_ on 4/12/04, 3/12/04, 11/13/03, 10/8/03, 9/4/03, 8/6/03, 7/9/03, 6/11/03, and 5/21/03. It appears on 4/21/03 there is a note where he orders physical therapy for a few weeks for her right carpal tunnel syndrome. On 8/6/03, she has had the three carpal tunnel injections and did have some improvement, but symptoms persisted. After that date (8/6/03) and forward, it appears that she is simply waiting to have her right carpal tunnel release surgery. On 10/27/03, there is a required

medical examination. In this examination, it states that \_\_\_\_\_ performed an injection to the left carpal tunnel. He gave her an impairment rating in November 2002 for the left upper extremity with a 6% whole person impairment and now complaints are of the right hand. Diagnosis is right carpal tunnel syndrome. Physician is \_\_\_\_\_. Occupational therapy order is present on 4/29/04, once again for modalities of ultrasound, soft tissue mobilization, neuromuscular re-education, strengthening and range of motion for right carpal tunnel. It appears therapy has been followed with \_\_\_\_\_. There is a daily treatment log by the Neuromuscular Institute of Texas. On 8/15/03, the right wrist is circled. Modalities are given as well as range of motion. Treatment dates are present from 8/14/03-5/5/03. Diagnosis is chronic right carpal tunnel syndrome. It appears that exercises were given a few times during these sessions. There appears to be approximately 17 sessions of this care. In the patient's pain analogy, it appears that her pain and complaints remain almost stable throughout this treatment period. Then there is a physical therapy review performed on 5/21/04 by \_\_\_\_\_, physical therapist. He states that 10 sessions of occupational therapy from 2/10/04-4/15/04 for her right carpal tunnel release would be appropriate. There is a letter on 1/27/04 from \_\_\_\_\_ regarding the right carpal tunnel release and treatment continuing five months after surgical intervention.

### **Requested Service(s)**

Disputed dates of service are for 5/5/03-8/14/03 which appears to be conservative care for right carpal tunnel syndrome without any improvement noted in the notes.

### **Decision**

I agree with the insurance carrier that treatment from 5/5/03 to 8/14/03 was not medically necessary.

### **Rationale/Basis for Decision**

This patient had a carpal tunnel documented on the right. Therapy showed no signs of improvement. Care would be injections. If these do not help (which it appears this did not occur), then she would have failed injection therapy. She did have carpal tunnel wrist splints and was on Motrin. Conservative treatment for carpal tunnel syndrome prior to surgical intervention would be wearing of the cock-up night splints, anti-inflammatory medications and injection therapy. The ongoing conservative modality care that has been given is not the standard of care for a diagnosed carpal tunnel syndrome. There was a lack of documentation to support any improvement. I would deny dates of service 5/5/03-8/14/03 as not medically necessary in the treatment of the right carpal tunnel syndrome that had failed conservative measures. Maintenance would have been to continue use of her Motrin and her cock-up splints until surgical intervention.

Therefore, I uphold the denial for disputed service dates 5/5/03-8/14/03 as not medically necessary in the care of this patient's diagnosed right carpal tunnel syndrome.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 12<sup>th</sup> day of July 2004.