

MDR Tracking Number: M5-04-3230-01

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 05-15-03.

Date of service 07-17-02 CPT code 90900 per the explanation of benefits was paid with check # 05269086 and will not be reviewed.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the **majority** of 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 IRO determined that the therapeutic exercises, myofascial release and office visits for dates of service 10-14-02 through 12-24-02 **were** found to be medically necessary. The IRO determined that the hot/cold packs and ultrasound for dates of service 10-14-02 through 12-24-02 **were not** medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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 10-14-02 through 12-24-02 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 Findings and Decision and Order are hereby issued this 3rd day of December 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

NOTICE OF INDEPENDENT REVIEW DECISION

November 24, 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 #: M5-04-3230-01
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 Medicine. 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 35 year-old female injured both of her hands on ____ while doing repetitive work. She also complains of numbness and weakness to both hands. She has been diagnosed with bilateral mild carpal tunnel. She has been treated with medications, therapy, and epidural steroid injections.

Requested Service(s)

Therapeutic exercises, myofascial release, hot/cold packs, office visits, and ultrasound for dates of service 10/14/02 through 12/24/02

Decision

It is determined that there is medical necessity for the therapeutic exercises, myofascial release, and office visits for dates of service 10/14/02 through 12/24/02 however, there is no medical necessity for the hot/cold packs and ultrasound for dates of service 10/14/02 through 12/24/02 to treat this patient's medical condition.

Rationale/Basis for Decision

The medical records indicate the patient underwent carpal tunnel release on her right wrist on 08/20/02. Once cleared by her surgeon, she began post-operative rehabilitation. As of 10/07/02 she had completed 12 sessions that included therapeutic exercises, myofascial release, hot/cold packs, office visits, and ultrasound. Subjective as well as objective findings show medical necessity for the continuation of the myofascial release and therapeutic exercise as well as the office visits to assess her progress. Therefore, the therapeutic exercises, myofascial release, and office visits for dates of service 10/14/02 through 12/24/02 were medically necessary to treat this patient's medical condition.

However, there is no medical documentation to support continuation of hot/cold packs and ultrasound beyond the initial 12 sessions of therapy. Treatment guidelines allow for a trial of chiropractic care and the utilization of passive therapy (hot/cold packs and ultrasound). There are no treatment guidelines for the use of passive therapy after the initial trial. Therefore, the hot/cold packs and ultrasound for dates of service 10/14/02 through 12/24/02 were not medically necessary to treat this patient's medical condition.

Sincerely,

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 carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 24th day of November 2004.

Signature of IRO Employee:

Printed Name of IRO Employee: