

MDR Tracking Number: M5-04-3737-01

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, 133.307 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 06-30-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of 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** 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.

The office visit on 7/21/03 **was found** to be medically necessary. The chiropractic manipulative treatment on 10/22/03 **was not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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 August 20, 2004, 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.

CPT codes 97545 and 97546 for dates of service 11/03/03 through 11/14/03 were denied by the carrier with "F"-fee guideline reduction. These services were preauthorized on 10/31/03 for ten (10) sessions. Pursuant to Rule 134.202 (e)(5)(C)(ii), reimbursement shall be \$64 per hour. The requestor billed \$2496 for 39 hours and the carrier issued a partial payment of \$374.40. The carrier did not raise any other issues for these services, therefore, **additional reimbursement is recommended in the amount of \$2121.60.**

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 outlined above as follows:

- 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;
- in accordance with TWCC reimbursement methodologies for Return to Work Rehabilitation Programs for dates of service after August 1, 2003 per Commission Rule 134.202(e)(5).
- 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 7/21/03 through 11/14/03 as outlined above 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 Decision and Order is hereby issued this 4th day of October 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

August 18, 2004
Amended August 19, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:
TWCC #:
MDR Tracking #: M5-04-3737-01
IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

The documentation presented states that this patient is a 28-year-old woman who was injured working as a customer service rep for _____, on _____. The patient sought care at the Neuromuscular Institute of “Texas with Dr. B. The patient had noted neck pain, hand pain, numbness and tingling radiating proximally involving both elbows. The documentation displays the patient was referred for active and passive care for her work-related injury. The dictation from Dr. B states the patient had received TPIs to the neck for pain control and the records also reflect the patient was referred for nerve conduction studies with Dr. H, whom opined the patient had bilateral carpal tunnel syndrome and right-sided cubital tunnel syndrome. The records reflect the patient was referred to Dr. W, a plastic surgeon, who performed a carpal tunnel release on the right wrist on 12/02/02, a left carpal tunnel release in March 2003, and an ulnar nerve transposition on the right on 08/01/03. The patient did undergo a Designated Doctor’s examination on 11/03/03 with Dr. L whom opined the patient was not at MMI. The patient was assessed MMI and a 21% whole person impairment rating by the designated doctor on 01/09/04.

DISPUTED SERVICES

Under dispute is the medical necessity of chiropractic manipulative treatment and office visits from 07/21/03 and 10/22/03.

DECISION

The reviewer disagrees with the prior adverse determination regarding office visits.

The reviewer agrees with the prior adverse determination regarding chiropractic manipulations.

BASIS FOR THE DECISION

The rationale for the determination of this decision was based on the records provided, and was also based on the FCE reports before and after work hardening that display a positive objective improvement within this patient’s condition. Office visits were medically necessary to check status on this patient. There is nothing in current periodicals that warrants manipulation for this type of condition at this stage in the patient’s care. This determination falls within the Mercy Fee Guidelines (for a trial of treatment), RAND studies, Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters, and well within the mainstream of the medical community.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,