

MDR Tracking Number: M5-04-3899-01

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 7-9-04.

In accordance with Rule 133.308 (e), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 7-9-04, therefore the following date(s) of service are not timely and are not eligible for this review: 7-8-03.

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

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 therapeutic exercises, therapeutic activities and muscle testing from 7-9-03 through 7-25-03 were found to be 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 7-9-03 through 7-25-03 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 16<sup>th</sup> day of September, 2004.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

DA/da

September 10, 2004

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

**CORRECTED REPORT**  
**Corrected date of service.**

Re: Medical Dispute Resolution  
MDR #: M5-04-3899-01  
TWCC#:  
Injured Employee:  
DOI:  
SS#:  
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI 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 Independent Review, Inc. 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 certified in Chiropractic Medicine 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: correspondence, office notes, physical therapy

notes, physical performance test, EMG/NCV test and radiology report.  
Information provided by Respondent: correspondence and designated doctor exams.

**Clinical History:**

The claimant is a 30-year-old female who was involved in a work-related accident on \_\_\_\_\_. An initial radiographic series was unremarkable over the right wrist. On 12/30/02 the presence of a possible navicular fracture (right hand) was noted; and, radiographs were repeated on 02/04/03, which were unremarkable.

CT scan of the right wrist/hand was performed on 02/27/03 and 03/30/03 and was unremarkable. The bone scan on 03/07/03 revealed findings that did not correlate with the clinical presentation. The worker consulted a chiropractor on 06/13/04 who diagnosed the claimant with carpal tunnel syndrome, de Quervain's disease, and a possible triangular fibrocartilage complex tear (TFCC). MR imaging of the right wrist on 06/16/03 showed mild narrowing of the carpal tunnel consistent with carpal tunnel syndrome. The claimant was placed at MMI with a 5% whole person impairment of function.

The worker presented to a physical therapist on 06/26/03 for physical performance evaluation and was placed into conservative physical therapy applications and testing until 07/25/03. Electrodiagnostics that included needle EMG/nerve conduction velocity (NCV) performed over the upper quarter on 07/03/03 revealed evidence of carpal tunnel syndrome and right de Quervain's tenosynovitis. On 11/11/03 surgical release of the right carpal tunnel and first extensor compartment of the right hand was recommended. The claimant had surgical applications that included carpal tunnel repair and first dorsal compartment release on 12/16/03.

**Disputed Services:**

Therapeutic exercises, therapeutic activities and muscle testing during the period of 07/09/03 through 07/25/03.

**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:**

Sincerely,