

MDR Tracking Number: M5-04-3995-01

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 07-22-04.

The IRO reviewed office visits rendered from 08-20-03 through 02-23-04 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. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 08-24-04, 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.

CPT code 99080-73 dates of service 08-20-03, 09-17-03, 11-12-03, 02-04-04 and 02-23-04 denied with denial code "V" for unnecessary medical treatment based on a peer review. The TWCC-73 is a required report per Rule 129.5 and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter. Reimbursement is recommended in the amount of \$75.00 (\$15.00 X 5 DOS).

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 Medicare program reimbursement methodologies effective August 1, 2003 per Commission Rule 134.202(c), 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 08-20-03, 09-17-03, 11-12-03, 02-04-04 and 02-23-04 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 10th day of January 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh
Enclosure: IRO Decision

September 23, 2004

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

Patient:
TWCC #:
MDR Tracking #: M5-04-3995-01
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 Medical Doctor board certified and specialized in Neurology. 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.

RECORDS REVIEWED

The available records include office visits from Dr. Ward and an operative note dated 07/19/02, office visits and EMG studies form Dr. Bartel, a designated doctor examination form Dr. McCarty and record reviews from Dr. Buck and Dr. Pamplin, along with a bone scan report.

CLINICAL HISTORY

Review of the available records reveal that ___ was seen by Dr. Ward on 03/22/02 for bilateral hand pain. Impression at that time was bilateral carpal tunnel syndrome and bilateral osteoarthritis, clinically resolved bursitis and asymptomatic right sholder AC joint arthritis. Dr. Ward felt that the arthritis was not related to his job description, but that the tingling and numbness in the hands was. He had undergone a right carpal tunnel release per Dr. Ward's note on 09/12/02 and underwent a left carpal tunnel release on 07/19/02. Dr. Ward treated him postoperatively for a postoperative carpal tunnel syndrome and osteoarthritis.

___ saw Dr. Bartel, neurologist, on 10/02/02 with the impression of bilateral carpal tunnel syndrome and cervical spondylosis. He had a designated doctor examination with Dr. McCarty on 10/25/02. Impression was status post bilateral carpal tunnel release with residual range of motion deficits in the right wrist. He had an EMG nerve study by Dr. Bartel on 01/29/03 showing bilateral carpal tunnel syndrome with the findings being longstanding. Dr. McCarty had assigned a 2% whole person impairment rating for the wrist injury. Dr. Bartel injected the left wrist with steroids and Marcaine on 02/28/03.

Records were reviewed by Dr. Buck on 04/28/03. He felt that the patient required the use of non-steroidal anti-inflammatory medications and home exercises. He did not believe in the chronic use of Lortab. Dr. Bartel's office felt the patient had evidence of RSD on his visit with him on 05/05/03. Records were reviewed on 05/08/03 by Dr. Pamplin, an orthopedic surgeon who felt that continued medical services would probably be reasonable and medically necessary for his complaints. However, he felt the complaints and conditions were not due to the ergonomics of the work duties, and determined that this patient does not require any additional treatment otherwise. Dr. Bartel has continued to follow this patient. He had a bone scan on 06/16/03 that showed increased uptake in the hand consistent with arthritis. The last report available from Dr. Bartel's office is dated 02/23/04 with impression of history of carpal tunnel syndrome bilaterally and history of hypertension. He was seen back on a routine follow-up basis. At that time, he was still having problems with pain at levels of 10/10.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits from 08/20/03 through 02/23/04.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The Ziroc reviewer, a Board Certified Neurologist and Fellow of the American Academy of Disability Evaluating Physicians, finds that ___ has had appropriate treatments for his injury but does not require additional treatment for this injury, which occurred on ___ and had successful carpal tunnel releases. He has no objective evidence of RSD as suggested by Dr. Bartel. The treatment options available for carpal tunnel syndrome based on the standard of care in the neurology community would include wrist splints, anti-inflammatory medications, a trial of therapy and carpal tunnel surgery. The patient has had all of these treatments and still complains of pain in the hands. Based solely upon the records available for review, there is no medical indication that this patient requires additional treatments for the ___ injury.

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,

Nan Cunningham
President/CEO

CC: Ziroc Medical Director