MDR Tracking Number: M5-04-4126-01

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 (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 August 4, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the manual therapy, therapeutic activities, neuromuscular re-education, therapeutic exercises and office visits rendered from 8/15/03 through 10/6/03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the 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 August 27, 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.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	MAR	EOB Denial Code	RATIONALE
8/22/03	97530	$40.00	$0.00	$26.37 X 125% = $32.97	None	Review of the requestors CMS 1500 provided proof of submission to the carrier. Both parties failed to submit copies of EOBs. The disputed charge will therefore be reviewed according to the Medicare Fee Schedule. Reimbursement is recommended in the amount of $32.97.
TOTAL		$40.00	$0.00	$32.97		Reimbursement is recommended in the amount of $32.97.

ORDER

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 date of service rendered on 8/22/03 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 8th day of October 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

NOTICE OF INDEPENDENT REVIEW DECISION

Date: September 30, 2004

RE:
MDR Tracking #: M5-04-4126-01
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 chiropractic reviewer 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:

- Statement letter from ___
- Narrative reports, daily notes, therapeutic procedure charts and notes

Submitted by Respondent:

- Statement letter from the claims representative
- Table of services, the employer's E-1, an EMG and NCV test results
- Designated Doctor report and a peer review

Clinical History

According to the supplied documentation it appears the claimant sustained an injury on ___ from holding an iron in her hand. The claimant was originally seen by ____ who diagnosed the claimant with tenosynovitis and returned the claimant to work with modified activities. The claimant originally received physical therapy from ___ for 17 physical therapy sessions. The claimant continued treatment with ___, and after physical therapy failed, the claimant was referred to ____. On 12/9/02 it appears the claimant underwent a release of trigger stenosing tenosynovitis of the right fourth and fifth fingers. On 1/28/03 the claimant was given an impairment rating of 2%. On or about 5/16/03 the claimant requested a change of treating doctors to ___. On 5/22/03 the claimant began chiropractic treatment under the direction of ___. On 6/11/03 an EMG and NCV tests were performed. ___ performed a Designated Doctor Exam on 7/10/03 and assigned a whole person impairment of 2%. Chiropractic therapy continued. ___ continued to treat the claimant until the last date of service submitted for review which was 10/6/03. The documentation ends here.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including manual therapy technique (97140), therapeutic activities (97530), neuromuscular re-education (97112), therapeutic exercises (97110), and office visits for the dates of service 8/15/03 through 10/6/03.

Decision

I agree with the insurance carrier that the services rendered between 8/15/03 through 10/6/03 were not medically necessary.

Rationale/Basis for Decision

According to the supplied documentation it appears that the claimant sustained an injury on ___ when the claimant was holding an iron for extended periods. The claimant underwent extensive therapy with 17 physical therapy sessions. After conservative therapy ended the claimant was referred to ___ who performed a release on the claimant's right fourth and fifth digits. The claimant was originally placed at a whole person impairment of 2% on 1/28/03 by ____. The documentation does not support that the claimant had any postoperative therapy. The claimant changed to ___ as her treating physician on 5/16/03. Under the direction of ___ the claimant was treated with conservative postoperative chiropractic therapy. On 7/10/03 ___ determined the claimant was at clinical maximum medical improvement and was assigned a whole person impairment rating of 2%. At that time it would be considered reasonable and necessary for all treatment modalities to end, in favor of a self-directed home exercise program. Review of the documentation supplied would reveal that the claimant had an adequate amount of pre and post therapy to help restore the claimant to her pre-injury condition. No other objective documentation was supplied that would support ongoing therapy beyond the date of maximum

medical improvement of 7/10/03. The dates of service in question began over one month after the final impairment rating was given. No objective supporting documentation was supplied by the treating physician that would validate the therapy rendered beyond the impairment date. The last objective documentation that was supplied was an NCV upper extremity study performed by ___ that revealed a normal study. On the same date ___ performed an EMG of the upper dermatomal regions that revealed an abnormal EMG. ___ interpretation included a right mild C6 radiculopathy. These studies are related to the cervical region and unrelated to the compensable injury that occurred on ___. Continued therapy beyond the maximum medical improvement date of 7/10/03 would be limited to a home based exercise program where doctor supervision is not considered reasonable or necessary for ongoing care.