

MDR Tracking Number: M5-04-4332-01

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 8-23-04.

The Medical Review 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 office visits, paraffin bath, therapeutic procedures, therapeutic activities, unlisted modality, and supplies and materials from 10/9/03 through 5/28/04 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 9/15/04, 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 for dates of service 12/12/03, 1/9/03, and 5/28/04 was denied by the carrier with "V", unnecessary medical treatment (with peer review). However, the TWCC-73 is a required report and is not subject to an IRO review. In accordance with Rule 129.5, the Medical Review Division has jurisdiction in this matter and, therefore, **recommends reimbursement in the amount of \$45.**

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 TWCC reimbursement methodologies regarding Work Status Reports for dates of service after August 1, 2003 per Commission Rule 134.202 (e)(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 12/12/03 through 5/28/04 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 8th day of November 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-04-4332-01
Name of Patient:	
Name of URA/Payer:	
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	

November 2, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

CLINICAL HISTORY

This is a lady who was keyboarding and reportedly developed bilateral wrist pain. Electrodiagnostic testing noted a bilateral carpal tunnel syndrome. This was treated with conservative measures, i.e. injections, and splinting. Several months later, surgical intervention was undertaken. Several weeks later the contralateral side was surgically treated. Post-operatively a pain management protocol was completed. Maximum medical improvement was noted by several providers. A Designated Doctor evaluation in June 2004 noted maximum medical improvement and assigned an impairment rating.

REQUESTED SERVICE(S)

- Office Visits
- 97018 – Paraffin Bath
- 97110 – Therapeutic Procedures
- 97530 – Therapeutic Activities
- 97039 – Unlisted Modality
- 99070 – Supplies & Materials

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

This is a lady who underwent surgical release of a carpal tunnel syndrome. Post-operatively, physical therapy would be indicated within the first six to eight weeks. Appropriate physical therapy was provided. However, after this period, the physical therapy increased to at sometimes daily therapy. The modalities offered (e.g. paraffin) are not the prevailing standard of care. In fact four states, in posted treatment plans, specifically state that paraffin is not to be used. The

treatment continued in spite of the fact that there is no notation of any objective or subjective benefit from the treatment protocol offered. Failure to improve is not a reason to continue the same course. None of the notes indicate any documentation of an appropriate physical examination to support continued use of the treatment plan established. Therefore, noting the treatment delivered and the sequale to that treatment, for the dates contested, the modalities rendered were not reasonable and necessary care for the compensable injury.

Parrafin Baths – As noted by several national guidelines and several state Guidelines, paraffin baths are not considered reasonable and necessary care for a carpal tunnel syndrome. This would not come close to the prevailing standard of care and is not considered to be applicable.

97110 – The records do not reflect the exact nature of the procedures completed or by whom. Post-operatively from a carpal tunnel syndrome release several weeks of appropriate occupational therapy would be indicated, however, the lack of documentation fails to meet the JACHO standards.

There are two other items, unlisted modalities (97039) and unlisted supplies (99071). Neither of which has sufficient documentation in the progress notes noted to provide anything other than a denial for a lack of appropriate documentation.