

MDR Tracking Number: M5-05-0296-01

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 9-21-04.

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 muscle tests, motor nerve conduction tests, and sensory nerve conduction tests rendered on 10/22/03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed service.

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 10/22/03 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 Decision and Order is hereby issued this 10th day of November 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

Enclosure: IRO decision

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-05-0296-01
Name of Patient:	
Name of URA/Payer:	Neuro Science Centers, Inc.
Name of Provider: (ER, Hospital, or Other Facility)	Neuro Science Centers, Inc.
Name of Physician: (Treating or Requesting)	Luz Gonzalez, DC

November 8, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. 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,

Michael S. Lifshen, MD
Medical Director

cc: Texas Workers Compensation Commission

CLINICAL HISTORY

Based on available information, it appears that this patient reports a work injury occurring on ____ when his grip slipped while carrying a tool box. He indicates that he began to experience pain in both elbows. Past history suggests that he had originally injured his elbows in ____ while installing sign posts with a manual post driver. The patient was seen by a Dr. Lund and underwent elbow surgery on 09/04/02. He also underwent multiple injections for pain management with a Dr. Holubec. He was seen for a designated doctor evaluation with a Dr. Taba on 07/17/03 and was placed at MMI with a 4% WP impairment rating. The patient began seeing chiropractors Dr. Gonzalez and Dr. Petersen on 09/16/03 with multiple modalities and manual therapy but no improvement was documented. An MRI is performed 09/22/03 suggesting flexor tendonitis and degenerative changes without gross instability. Muscle testing and electrodiagnostic studies appear to be performed 10/22/03 suggesting bilateral carpal tunnel syndrome with some signs of median and ulnar nerve deficits. Follow-up surgical consultations were apparently made with Drs.

Chouteau and Moody, both apparently recommending surgery based on electrodiagnostic findings.

REQUESTED SERVICE(S)

Determine medical necessity for (95861) muscle tests, (95903) motor nerve conduction test, and (95904) sensory nerve conduction test for date in dispute 10/22/03.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

Medical necessity for requested diagnostic tests (96861 & 95903) does appear reasonably appropriate given the nature of the reported injury, surgical indications and clinical documentation.

1. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers, 1993.
2. Armstrong TJ, Chaffin DB: Carpal tunnel syndrome and selected personal attributes. J Occup Environ Med. 1979;21:481-486.
3. Birkbeck MQ, Beer TC: Occupation in relation to the carpal tunnel syndrome. Rheumatol Rehab. 1975;14:218-221.
4. Cannon LJ, Bernacki EJ, Walter SD. Personal and occupational factors associated with carpal tunnel syndrome. J Occup Med. 1981;23:255-258.
5. Posch JL, Marcotte DR. Carpal tunnel syndrome: an analysis of 1,201 cases. Orthop Rev. 1976;5:25-35.
6. Hadler NM: Illness in the workplace: the challenge of musculoskeletal symptoms. J Hand Surg Am 10:451-456, 1985
7. Phalen GS. Neuropathy of the median nerve due to compression beneath the transverse carpal ligament. J Bone Joint Surg Am. 1950;32:109-112.

8. Phalen GS. The carpal tunnel syndrome. Seventeen years' experience in diagnosis and treatment of 654 hands. J Bone Joint Surg Am. 1966;48:211-228.

9. Phalen GS. The carpal-tunnel syndrome. Clinical evaluation of 598 hands. Clin Orthop. 1972;83:29-40.

10. Hadler NM. Illness in the workplace: the challenge of musculoskeletal symptoms. J Hand Surg Am. 1985;10:451-456.

11. Nathan PA, Meadows KD, Doyle LS. Occupation as a risk factor for impaired sensory conduction of the median and ulnar nerve at the carpal tunnel. J Hand Surg Br. 1988;13:167-170.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials. No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned claimant. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.