

MDR Tracking Number: M5-05-0337-01

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 7-30-04.

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 \$650.00** 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.

The physical performance tests, office visits, unlisted physical medicine, psychiatric evaluation, psychological testing and unlisted psychiatric service or procedure from 8-19-03 through 1-21-04 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute 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 12-28-04 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.

Neither the carrier nor the requestor provided EOB's for CPT Code 99242-QU for date of service 8-11-03. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's Per Rule 133.307(e)(3)(B). Per Rule 134.202(d), reimbursement shall be the least of the (1) MAR amount as established by this rule or, (2) the health care provider's usual and customary charge). **Recommend reimbursement of \$107.13.**

CPT Codes 97799-CPQU for 12-15-03 through 12-19-03 were denied by the carrier as A- preauthorization not obtained. However, a hard copy, dated 12-5-03, of the preauthorization was provided by the Requestor. Per 134.202 (c) 6) for products and services for which CMS or the commission does not establish a relative value unit and/or a payment amount, the carrier shall assign a relative value, which may be based on nationally recognized published relative value studies, published commission medical dispute decision, and values assigned for services involving similar work and resource commitments. **Reimbursement is recommended in the amount of \$4,625.00.**

This Finding and Decision is issued this 31st day of January, 2005.

Donna Auby
Medical Dispute Resolution
Medical Review Division

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees

- in accordance with Medicare program reimbursement methodologies for dates of service after 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 8-11-03 through 1-21-04 as outlined above in this dispute.

This Order is hereby issued this 31st day of January, 2005.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

Enclosure: IRO decision

January 27, 2005
December 3, 2004

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

**REVISED REPORT
Items in Dispute**

Re: Medical Dispute Resolution

MDR #: M5-05-0337-01
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 Board Certified in Neurology and Pain Management 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 08/19/03 – 12/19/03
- Physical therapy notes 09/08/03 – 12/19/03
- Group therapy notes 08/11/03 – 10/17/03

Information provided by Respondent:

- Summary of carrier's position 10/14/04
- UR decisions
- Designated doctor report 04/29/03
- Report of medical evaluation 04/29/03

Clinical History:

This claimant sustained a work-related injury on ___ resulting in pain in both hands which radiated in a distribution consistent with carpal tunnel syndrome. This was later verified by EMG/NCV studies. MRI done approximately 1 month after the date of injury reportedly showed some evidence of sprain of the soft tissues in the wrist. The claimant was treated with carpal tunnel injections with steroids and local anesthetics as well as physical therapy, and ultimately underwent carpal tunnel release surgery on both sides. Though she was finally felt to have reached maximum medical improvement, the

claimant reportedly continued to have significant pain that interfered with her ability to return to work. There is also documentation indicating that the claimant has psychological reactions to the chronic pain including some depression of mood, so that evaluation had in a chronic pain program was recommended. This was approved for initially 10 sessions.

Disputed Services:

Physical performance tests, office visits, unlisted physical medicine, psychiatric evaluation, psychological testing, and unlisted psychiatric service or procedure during the period of 08/19/03 thru 01/21/04.

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:

Treatment modalities ranging from conservative treatment and medication usage, to more aggressive treatment with surgery, injections, etc., have not resulted in significant reduction in pain. In addition to the ongoing physical symptoms that are bothersome and troublesome to the claimant, there have been psychological consequences related to the chronic pain as well as inability to return to work, etc.

It appears from the records that are available that this claimant would be considered an appropriate candidate for a multidisciplinary chronic pain program that would include these treatments and services in dispute that address not only the physical complaints, but also the psychological sequelae of chronic pain conditions.

Sincerely,

Gilbert Prud'homme
Secretary & General Counsel

GP:thh