

MDR Tracking Number: M5-05-0385-01

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 09/23/04.

The IRO reviewed an office visit and injections with injectables that were denied based upon "V".

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

The office visit, CPT Code 99214 for date of service 10/21/03 **was** found to be medically necessary. The injections **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the office visit and injections with injectables.

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.

On November 3, 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.

- CPT Code 99080-73 for date of service 10/21/03, denied as "V – Unnecessary Medical with peer review." Rule 129.5 the TWCC-73 is a Commission required report. Therefore, per Rule 133.106(f)(1) reimbursement in the amount of \$15.00 is recommended.

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 as follows:

- in accordance with Medicare program reimbursement methodologies for dates of service on or 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 Order is applicable to date of service 10/21/03 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 Order is hereby issued this 21st day of January 2005

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf

Enclosure: IRO decision

November 12, 2004

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M5-05-0385-01
CLIENT TRACKING NUMBER: M5-05-0385-01 5278

Medical Review Institute of America (MRloA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRloA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRloA has performed an independent review of the case in question 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRloA for independent review.

Records Received:

Records Received from TWCC:

- Notification of IRO Assignment, dated 11/01/04
- Texas Workers' Compensation Commission Form, dated 11/01/04
- Explanation of Benefits, dated 10/21/03-11/21/03
- Record for Pre-Authorization, dated 10/31/03
- Explanation of Benefits, dated 12/02/03

Records Received from Danny Bartel, MD

- Medical Dispute Resolution Request/Response, undated
- Explanation of Benefits, dated 10/21/03–11/21/03
- Record for Pre–Authorization, dated 10/31/03
- Explanation of Benefits, dated 12/02/03
- Letter from Dr. Bartel to TWCC, dated 09/20/04
- Letter from Dr. Bartel to “To Whom It May Concern”, dated 08/20/03
- Letter from Dr. Bartel to ‘To Whom It May Concern”, dated 06/04/03
- Letter from Dr. Bartel to “To Whom It May Concern”, dated 02/20/03
- Letter from Dr. Bartel to Family Pharmacy, dated 02/17/03
- Letter from Dr. Bartel to “To Whom It May Concern”, dated 12/05/02
- Letter from Dr. Bartel to “To Whom It May Concern”, dated 01/02/02
- Letter from Dr. Bartel to Argus Services Corporation, dated 07/30/01
- Letter from Dr. Perkins to Linda Zoch, dated 11/01/02
- TWCC Report of Medical Evaluation, dated 07/03/02
- Letter from Dr. Wehmeyer to State office of Risk management, dated 06/29/02
- Letter from Dr. Wehmeyer to State office of Risk Management, dated 06/29/02
- Chart Notes, dated 06/22/02
- Report of Medical Evaluation, dated 06/28/99
- Letter from Mark E. Huff, Jr., MD to TWCC Field Office, dated 05/26/99
- Progress Notes, dated 11/21/03–12/02/03
- Texas Workers’ Compensation Work Status Report, dated 10/21/03
- Progress Note, dated 10/21/03
- Texas Workers’ Compensation Work Status Report, dated 07/28/03
- Progress Note, dated 07/28/03
- Progress Note, dated 05/19/03
- Texas Workers’ Compensation Work Status Report, dated 04/10/03
- Progress Note, dated 04/10/03
- Texas Workers’ Compensation Work Status Report, dated 02/10/03
- Progress Note, dated 02/10/03
- Texas Workers’ Compensation Work Status Report, dated 01/09/03
- Progress Note, dated 01/09/03
- Texas Workers’ Compensation Work Status Report, dated 12/16/02
- Progress Note, dated 12/16/02
- Texas Workers’ Compensation Work Status Report, dated 07/23/02
- Texas Workers’ Compensation Work Status Report, dated 06/07/02
- Texas Workers’ Compensation Work Status Report, dated 04/02/02
- Progress Report, dated 04/02/02
- Texas Workers’ Compensation Work Status Report, dated 11/26/02
- Progress Note, dated 11/26/02
- Texas Workers’ Compensation Work Status Report, dated 10/09/02
- Progress Note, dated 10/09/02
- Texas Workers’ Compensation Work Status Report, dated 08/06/02
- Transmission Verification Report, dated 08/07/02
- Texas Workers’ Compensation Work Status Report, dated 08/06/02
- Transmission Verification Report, dated 08/07/02
- Progress Note, dated 07/23/02

- Texas Workers' Compensation Work Status Report, dated 06/07/02
- Progress Note, dated 06/07/02
- Texas Workers' Compensation Work Status Report, dated 02/25/02
- Progress Note, dated 02/25/02
- Texas Workers' Compensation Work Status Report, dated 01/02/02
- Progress Note, dated 01/02/02
- Texas Workers' Compensation Work Status Report, dated 03/07/02
- Progress Note, dated 06/29/01
- Progress Report, dated 01/22/01
- Progress Note, dated 01/08/01
- Progress Note, dated 10/10/00
- Progress Note, dated 08/22/00
- Progress Note, dated 05/22/00
- Progress Report, dated 06/21/99
- Initial Medical Report – Workers' Compensation Insurance, dated 11/10/98
- Neuro Consultation, dated 11/10/98
- Electromyography Report, dated 08/06/02
- Nerve Conduction Work Sheet, dated 02/24/00–06/22/00
- Electromyography Report, dated 01/07/99
- Nerve Conduction Work Sheet, dated 01/07/99
- Lab Results, dated 09/09/96
- ECG Report, dated 09/09/96
- Chart Notes, dated 07/23/98–09/24/98
- Letter from Dr. Sundaresan to Dr. Bartel, dated 06/27/00
- Physical Therapy Report, dated 01/29/01
- Breland–Henslee Physical Therapy Center Functional Capacity Evaluation Timed Billed Statement Initial, dated 07/11/00
- Physical Therapy Discharge Assessment, dated 12/10/98
- Physical Therapy Weekly Status Report, dated 12/03/98
- Chart Notes, dated 11/21/03
- Physical Therapy Initial Evaluation, dated 11/13/98
- Letter from Dr. Hubbard to "To Whom It May Concern", dated 06/02/98

Summary of Treatment/Case History:

The patient is a 50-year-old female formerly employed by state of _____ . Computer use was required in her job. She developed bilateral carpal tunnel syndrome. The date of injury was _____. The patient had bilateral median nerve release, left hand October 2000, and the right hand November 2000. She complains of spasms, numbness, and tingling in the hands.

Examination for Impairment Rating on 06/29/02 did not demonstrate any neurological deficit in her hands. She was given zero percent impairment in each hand.

Questions for Review:

DOS 10/21/03 – 12/2/03:

1. Please advise if #99214 – Office Visit, #20605 – Arthrocentesis Aspiration and/or Injection, #J3490 – Unclassified Drugs, #J3301 – Injection Triamcinolone Acetonide, #J7050 – Infusion Normal Saline Solution, are medically necessary.

Conclusion:

Question 1: Please advise if #99214 – Office Visit, #20605 – Arthrocentesis Aspiration and/or Injection, #J3490 – Unclassified Drugs, #J3301 – Injection Triamcinolone Acetonide, #J7050 – Infusion Normal Saline Solution, are medically necessary.

Decision to Certify:

The office visit is certified as medically necessary. Paula Coussons continues to be symptomatic in spite of treatments given. Monitoring her status and treating her pain is appropriate.

Decision to Not Certify:

The Injections of the left wrist on 11/21/03, 12/02/03 are not medically necessary. Dr. Bartel's diagnosis is causalgia is resulting from median nerve injury. The left hand more is involved than the right. See Dr. Bartel's appeal letter of 09/20/04.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

Nowhere in Dr. Bartel's records are the symptoms and signs associated with causalgia described i.e. edema, changes in skin, blood flow, abnormal sudomotor activity, allodynia or hyperalgesia.

References Used in Support of Decision:

Mersky H, Bogduk N Classification of Chronic Pain Descriptions of Chronic Pain Syndromes and Definition of Pain Terms Seattle IASP Press, 1994.

Treatment of Causalgia by injection of steroids into a joint not appropriate treatment Kozin F, Ryan L.M., Carrera G.F., Soin S.S., Wortmann R.L. The Reflex Sympathetic Dystrophies Scintigraphic Studies further evidence for the therapeutic efficiency of systemic corticosteroids and proposed diagnostic criteria Am. J. Med. 1981 70: 23-30.

The physician providing this review is a diplomate of the American Board of Psychiatry and Neurology certified in Neurology. This reviewer is a member of the American Academy of Neurology, the American

Medical Association, the Texas Medical Association, the American Epilepsy Society and the American Sleep Disorder Association. This reviewer is a Clinical Associate Professor at the University level. This reviewer has been in active practice since 1963.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

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or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

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The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims, which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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