

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-05-4300.M5**

MDR Tracking Number: M5-05-0397-01

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 9-30-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of 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** 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.

CPT codes 99213, 97140, 97110, 97035, 97112, 97018 and 98940 from 10-30-03 through 1-15-04 were **found** to be medically necessary. CPT codes 99213, 97140, 97110, 97035, 97112, 97018 and 98940 from 2-27-04 through 3-10-04 **were not** 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 11-01-03, 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 carrier denied CPT Code 99080-73 on 1-15-04 with a V for unnecessary medical treatment based on a peer review, however, the TWCC-73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter and, therefore, recommends reimbursement. Requester submitted relevant information to support delivery of service. Per 134.1(c) **recommend reimbursement of CPT Code 99080-73 for \$15.00.**

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees as outlined above for 10-30-03 through 1-22-04 in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c) and 134.202(c)(6); plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

This Order is hereby issued this 3rd day of February 2005.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

Enclosure: IRO decision

**Envoy Medical Systems, LP**  
**1726 Cricket Hollow**  
**Austin, Texas 78758**  
Fax 512/491-5145

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

January 4, 2005

**Re: IRO Case # M5-05-0397** amended 2/1/05

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

#### Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. TWCC work status reports
4. Preliminary physical therapy review 1/21/04
5. Chronic drug utilization review 5/21/03
6. Request for MDR 11/3/04
7. Report x-ray right hand 7/17/03
8. Report MRI right wrist 7/22/04
9. Extensive records from requesting clinic

#### History

The patient presented initially with pain in her upper back and both hands and arms. She was first diagnosed with carpal tunnel syndrome in \_\_\_\_, and she presented to the treating D.C. in 2000. The patient was diagnosed with myofascitis in the cervicothoracic region, pronator syndrome, carpal tunnel syndrome, possible cubital tunnel syndrome, and a cervical strain. The patient ultimately underwent a right carpal tunnel release in 2002, and a left carpal tunnel release in late July 2003. The patient continued to have symptoms, particularly with her cubital tunnel syndrome, and on 10/30/03 she saw her treating D.C. The D.C. noted that the patient had developed some triggering in the left middle finger, that she still had a very hypersensitive scar, and that she was not able to make a full fist. The D.C. prescribed another course of occupational therapy and desensitization activities. The D.C. saw the patient back on 12/8/03. On 2/24/04 the patient underwent a flexor tendon sheath injection, and was given six more sessions of post injection therapy with modalities in February and March 2004. On 3/5/04 the patient was improving, but continued to have some pain in the hand that was not triggering. The D.C. noted that the orthopedic surgeon suggested that the patient might have CRPS, and recommended a stellate ganglion block.

#### Requested Service(s)

Office visit, manual therapy techniques mobilization, therapeutic procedure range of motion, ultrasound, therapeutic procedure neuromuscular reeducation, paraffin bath, chiropractic manipulative treatment spinal 10/30/03 – 3/10/04

#### Decision

I agree with the carrier's decision to deny the requested services 12/16/03 – 3/10/04.

I disagree with the decision to deny the requested services through 1/22/04.

Rationale

The office visit on 10/30/03 was appropriate, as the patient was continuing problems post operatively. The therapy received from 12/16/03 – 1/15/04 was reasonable post-operative therapy visits because of the patient's documented post-operative complications of stiffness and triggering. The visit with the orthopedic surgeon on 1/22/04 for reevaluation was appropriate.

The physical therapy visits in February and March 2004 for post injection therapy were not medically necessary. Post injection therapy is not an accepted form of treatment, particularly after a trigger finger. As a fellowship-trained hand surgeon, I treat hundreds of patients a year with flexor tendon sheath injections, and none of them require physical therapy.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

---

Daniel Y. Chin, for GP