

MDR Tracking Number: M5-05-0512-01

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. This dispute was received on 10-12-04.

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, range of motion testing, unlisted modality, massage, therapeutic activities, patient reevaluation and supplies from 2-23-04 through 8-23-04 were not medically necessary. Therefore, the requestor is not entitled to a reimbursement of the paid IRO fee.

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 11-9-04, 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.

The carrier denied CPT Code 99080-73 on dates of service 2-23-04, 3-12-04, 3-22-04, 4-29-04 and 5-25-04 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 129.5 **recommend reimbursement for five dates of service for a total of \$75.00.**

Regarding CPT code 99213 for date of service 3-24-04: Review of the requestor's and respondent's documentation revealed that neither party submitted copies of EOB's. Although there are HCFA's in the file stamped "request for reconsideration", the documentation submitted does not provide convincing evidence of carrier receipt in accordance with Rule 133.307 (e)(2)(B). Therefore, **reimbursement is not recommended.**

Regarding CPT code 97039HP for date of service 3-15-04: Neither the carrier nor the requestor provided EOB's. There is no HCFA or "convincing evidence of the carrier's receipt of the provider request for an EOB" according to 133.307 (e)(2)(B). **No reimbursement recommended.**

Regarding CPT code 99080-73 for date of service 8-23-04: Neither the carrier nor the requestor provided EOB's. There is no HCFA or "convincing evidence of the carrier's receipt of the provider request for an EOB" according to 133.307 (e)(2)(B). **No reimbursement recommended.**

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 2-23-04 through 5-25-04 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 17th day of December 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision



Specialty Independent Review Organization, Inc.

December 3, 2004

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-05-0512-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered 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.

This case was reviewed by a licensed Chiropractor. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ was injured in a work related accident on ____. The patient was working for ___ as a cashier when she developed carpal tunnel syndrome on or about _____. The records show that she has undergone a bilateral carpal tunnel release with the first surgery performed to the right side on 1-8-2003 and the second surgery performed to the left side on 9-22-2003. ____, for the purpose of this review is under the care of Dr. Weeks at Town East Rehabilitation although there is a notation in the records that the patient was previously under the care of Dr. Adams. The patient had also seen Dr. Sarris for an independent medical examination. Dr. Port and Dr. Nosnik along with Ms. Tanksley LPT also participated in ___'s care. The patient saw Dr. McCaskill in May 2003 for a designated doctor examination and was placed not at maximum medical improvement. The patient subsequently saw Dr. McCaskill again in March 2004 for a designated doctor examination and was placed at maximum medical improvement with no permanent impairment.

Records were received from the insurance carrier and from the provider and included but were not limited to the following:

- Medical Dispute Resolution paperwork
- Table of Disputed Services
- Multiple EOB's
- Report from Flahive, Ogden, & Latson
- Records from Dr. McCaskill
- Letter from Town East Rehabilitation dated 10-4-2004
- Texas Imaging and Diagnostic Center MRI of right wrist
- FCE report from Town East Rehabilitation
- Report and electrodiagnostics by Dr. Nosnik
- Report and script from Dr. Port
- Records from Town East Rehabilitation

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of range of motion testing, unlisted modality, massage therapy, therapeutic activities, office visits, patient reevaluation, miscellaneous supplies (99070) from 2-23-2004 through 8-23-2004.

DECISION

The reviewer agrees with the previous adverse determination.

Some of the disputed services are listed as Fee Dispute and thus no decision regarding those services is made.

BASIS FOR THE DECISION

The basis for the determination is based upon the Medical Disability Advisor, Evidenced Based Medical Guidelines, Occupational Medicine Practice Guidelines, and Medicare Payment Policies. According to the MDA, the maximum duration of disability for carpal tunnel syndrome should be less than 90 days. The MDA also notes "If the individual has had surgery, time off from work may be needed for several weeks for recovery. The individual may be required to avoid heavy lifting and repetitive motion for up to 2 months after surgery." The disputed services under review are approximately 5 months after the second surgery and there is no documentation to substantiate the need for care after 5 months. This is not to say that ___ is not entitled to care, only that the documentation does not adequately justify the medical necessity of the care under dispute. In fact the records submitted for review are difficult to match to the codes billed for a given date of service.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director