

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 October 19, 2004.

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 \$460.00** 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.

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. CPT Codes 95860, 95904, 95900, and 95934 **were** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for muscle test; sensory testing, each nerve; nerve conduction, no F wave; and H-reflex amplitude and latency study.

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 10/20/03 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 Order is hereby issued this 21st day of January 2005.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf

Enclosure: IRO decision

NOTICE OF INDEPENDENT REVIEW DECISION

January 13, 2005

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-05-0571-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional has signed a certification statement stating 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 the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 38 year-old male was injured on ___ when a truck ran over his left foot. He was diagnosed with a fracture and underwent surgery on his foot. He now complains of pain in his toes and the side of his foot. He cannot move his toes and has intermittent swelling of his foot. He has been treated with medications, therapy and surgery.

Requested Service(s)

Muscle test, sensory each nerve, nerve conduction no F wave, and reflex amplitude and latency study for date of service 10/20/03

Decision

It is determined that there was medical necessity for the muscle test, sensory each nerve, nerve conduction no F wave, and reflex amplitude and latency study for date of service 10/20/03 to treat this patient's medical condition.

Rationale/Basis for Decision

Medical record documentation indicates this patient had extensive injuries to the left foot. An exhaustive course of rehabilitative and conservative medicine was apparently mostly unsuccessful in reducing the patient's lingering profound symptomatology including severe pain, numbness, decreased and /or absent movement, and nerve entrapment syndrome and/or reflex sympathetic dystrophy. From the review of medical record documentation it is obvious that the diagnostic testing and subsequent treatment inclusive of surgery and post-surgical rehabilitation resulted in decreased symptomatology and increased function of the left foot. Therefore, the muscle test, sensory each nerve, nerve conduction no F wave, and reflex amplitude and latency study for date of service 10/20/03 was medically necessary to treat this patient's medical condition.

Sincerely,

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm
Attachment

Attachment

Information Submitted to TMF for TWCC Review

Patient Name:

TWCC ID #: M5-05-0571-01

Information Submitted by Requestor:

- Progress Notes
- Consult
- Diagnostic Tests
- Operative Report

Information Submitted by Respondent:

- Respondent's Position
- Peer Review