

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, 133.307 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 10-28-04.

The IRO reviewed office visits, group therapeutic procedures, ultrasound, electrical stimulation-unattended, single injection, lidocaine HCl injection and syringe with needle rendered from 11-25-03 through 01-08-04 that were denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

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. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 11-30-04, 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.

CPT code 99213 date of service 01-08-04 denied with denial code "D" (duplicate). Since neither party submitted an original EOB review will be per Rule 134.202. The MAR per the Medicare Fee Schedule is \$61.98 (\$49.58 X 125%). The requestor however billed \$60.00, therefore this is the recommended reimbursement.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 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 effective 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 date of service 01-08-04 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 Findings and Decision and Order are hereby issued this 7th day of January 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

Enclosure: IRO Decision

January 5, 2005

Texas Workers Compensation Commission
MS48
7551 Metro Center Drive, Suite 100
Austin, Texas 78744-1609

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-05-0693-01
TWCC #: ____
Injured Employee: ____
Requestor: Neuromuscular Institute Texas – P.A.
Respondent: Old Republic Ins. Co. C/o ESIS
MAXIMUS Case #: TW04-0503

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The MAXIMUS chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a female who sustained a work related injury on _____. The patient reported that while at work she sustained left sided carpal tunnel syndrome. The patient underwent left carpal tunnel release in 6/2002 and presented to the treating doctor with continued complaints of thumb pain. An EMG/NCV performed on 10/15/02 revealed left relative mild carpal tunnel syndrome. On 1/8/03 the patient underwent a scintigraphic examination of the hands that revealed increased early perfusion of the soft tissue of the distal aspect of the thumb in the left hand, and increased metabolic activity of the distal phalange of the left thumb and of the left navicular bone. A repeat EMG/NCV performed on 7/22/03 showed no signs of acute or chronic motor radiculopathy of the left upper extremity, no signs of neuropathy, and diffuse muscle spasms. A third EMG/NCV performed on 4/6/04 showed no signs of acute or chronic motor radiculopathy, no signs of neuropathy, and signs and symptoms of carpal tunnel by physical exam and history but not electrodiagnostically. Carpal tunnel care was recommended. The patient was treated with carpal tunnel injections, and conservative therapy consisting of ultrasound, electrical stimulation, and group therapeutic procedures.

Requested Services

Office visits (99213 & 99214), group therapeutic procedures, ultrasound, electrical stimulation-unattended, single injection, lidocaine HCl injection, and syringe with needle from 11/25/03 through 1/8/04.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Initial Visit 12/30/02
2. Office Visits 1/14/03 – 11/1/04, 10/15/02 – 4/6/04 (DO)
3. Treatment Log SOAP notes 1/14/03 – 12/15/03
4. Office Visits and Injection 1/9/03 – 11/25/03
5. OT Evaluations and Therapy Notes 6/9/04 – 11/17/04
6. Consults and Outpatient Reports 3/26/02 – 11/13/02
7. Scintigraphic Examination report 1/8/03
8. EMG/NCV reports 10/15/02, 7/22/03, 4/6/04

Documents Submitted by Respondent:

1. IME 8/10/04
2. Case Review 6/17/03
3. Operative Note 5/12/04
4. Office Notes 7/20/03 - 1/20/04
5. Same as above

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The MAXIMUS chiropractor reviewer noted that this case concerns a female who sustained a work related left carpal tunnel syndrome on _____. The MAXIMUS chiropractor reviewer indicated that the patient underwent surgery that was not successful. The MAXIMUS chiropractor reviewer noted that the patient underwent injection in 1/2003 followed by 6 visits of physical therapy after each injection. The MAXIMUS chiropractor reviewer indicated that the patient reported a decrease in her pain but also reported that the pain always returned. The MAXIMUS chiropractor reviewer noted that the patient never obtained lasting relief or cure from this treatment. The MAXIMUS chiropractor reviewer noted that the patient remained working throughout treatment. The MAXIMUS chiropractor reviewer also noted that the patient underwent a 5th series of injections for that year in 11/2003. The MAXIMUS chiropractor reviewer explained that there was no medical necessity to support the 5th round of injections when the first 4 did not provide any lasting relief. The MAXIMUS chiropractor reviewer indicated that the patient underwent two EMG/NCV tests that were reported to be normal. The MAXIMUS chiropractor reviewer noted that the patient underwent two injections in one week with 6 visits of physical therapy ordered after each injection. The MAXIMUS chiropractor reviewer explained that a week between each injection is not enough time to provide the 6 visits of physical therapy and it does not provide enough time to evaluate if the treatment was effective or not. Therefore, the MAXIMUS chiropractor consultant concluded that the office visits (99213 & 99214), group therapeutic procedures, ultrasound, electrical stimulation-unattended, single injection, lidocaine HCl injection, and syringe with needle from 11/25/03 through 1/8/04 were not medically necessary to treat this patient's condition.

Sincerely,
MAXIMUS

Elizabeth McDonald, State Appeals Department