MDR Tracking Number: M5-05-0702-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June17, 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 10-29-04.

Payment by the carrier of CPT code 99080-73 on dates of service 12-05-03 and 01-06-04 was verified with the requestor on 01-07-05. These services will not be reviewed by the Medical Review Division.

The IRO reviewed office visits, therapeutic exercises, manual therapy, neuromuscular re-education and ultrasound rendered from 11-13-03 through 01-09-04 that were denied based upon "V".

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. The office visits, therapeutic exercises, manual therapy, neuromuscular re-education and ultrasound were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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 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 Order is applicable to dates of service 11-13-03 through 01-09-04 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

Specialty Independent Review Organization, Inc.

December 22, 2004

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

Patient:
TWCC #:
MDR Tracking #: M5-05-0702-01
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

According to the records received, the injured employee ___ was injured on ___. The injured employee was working for as a payment processor when she was injured on the job. ___ performs a repetitive motion as a data entry worker. The patient was typing when she injured her right hand and right wrist. She reported pain radiating to the right shoulder. The patient also developed a right trigger finger from these injuries. The patient initiated care with Dr. Viernow where a conservative course of treatment was initiated. Unsatisfied with her care, ___ changed treating doctors to Dr. Upchurch in late April or early May. The patient was subsequently referred for a surgical consult and did have surgery on 8-4-2003. The patient then returned to Dr. Upchurch

for follow-up care and management. The patient had a Designated Doctor examination in January 2003 stating that the patient was at MMI.

Numerous treatment notes, diagnostic tests, staffing notes, evaluations, and other documentation were reviewed for this file. Records were received from the insurance carrier and from the treating providers.

The records include but are not limited to the following: Medical Dispute Records, EOB's from the Insurance Carrier, Report from Dr. Harvey, Report from Dr. Martin, Report form Dr. Sage, Report from Dr. Marr, Pre-authorization request for work hardening, Functional Capacity Evaluation by Dr. Elwell, Report from Texas Health, Records from Work and Accident Clinic
MRI by Diagnostic Pavilion, Records from Arkansas Pioneer Chiropractic, Report from Mid-Cities Diagnostic Center, Records from Mid-Cities Neuro Lab, Report from Dr. Emanuel
Surgical Consult dated 7-9-2003 from Dr. Oishi, Reports from Dr. Oishi, CPT report, Designated Doctor report from Dr. Selod, Report from Dr. Olivares and Report from Dr. Garcia.

DISPUTED SERVICES

Disputed services include: Office visits 99213, Therapeutic exercises 97110, Manual therapy 97140, neuromuscular re-education 97112 and Ultrasound 97035. The dates of service under review are from 11-13-2003 through 1-9-2004.

DECISION

The reviewer disagrees with the previous adverse decision.

BASIS FOR THE DECISION

The basis for the determination is based upon the Medical Disability Advisor, Evidenced Based Medical Guidelines including references to Bednar, M., and T. Light. "Hand Surgery." Current Diagnosis and Treatment in Orthopedics. Skinner, J.B., and Harry B. Skinner, eds. Norwalk: Appleton & Lange, 1995. 468-479.;Hunter, James, et al. Rehabilitation of The Hand: Surgery and Therapy, 3rd ed. St. Louis: The C.V. Mosby Company, 1990.;Stanley, Barbara, and Susan Tribuzi. Concepts in Hand Rehabilitation. Philadelphia: F.A. Davis Company, 1992, and Medicare Payment Policies.

The difficulty with this case is the fact that the disputed services are almost one year after the date of injury, which would normally exceed the timeframe required for treatment of this type of injury. But it is evident that after some time of treatment with ___'s initial choice of doctor, she transferred care to Dr. Upchurch. This probably delayed the overall time period of healing. When the patient transferred care to Dr. Upchurch, the patient was sent out for a surgical consult and ultimately surgery was then performed in August of 2003. According to the MDA, "factors include severity of the carpal tunnel syndrome and the duration of symptoms before CTR was performed. The longer the median nerve was compressed, the longer it may take for the nerve to recover. Recovery times are variable. Any postoperative complications will increase length of disability. Length of disability relates to hand activity (repetitive motion, awkward posture, grip force used) and may not directly

relate to the amount of weight lifted." The disputed services are reasonable and necessary from the standpoint of a rehabilitative process post-surgically from the surgery in August of 2003.

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