

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 11-08-04.

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 CPT codes 97140, 97530, 97112, 97010, 97035, 97110, 97124, 97039, 99070, 97018, and HCPCS Code A4558 from 11-21-03 through 1-27-04 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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); in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 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 Decision is applicable for dates of service 11-21-03 through 1-27-04 in this dispute.

This Order is hereby issued this 8th day of February 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Enclosure: IRO decision

**IRO Medical Dispute Resolution M5 Retrospective Medical Necessity
IRO Decision Notification Letter**

Date: 2/4/05
Injured Employee:
MDR : M5-05-0812-01
TWCC #:
MCMC Certification #: 5294

DETERMINATION: Approve

Requested Services:

Please review the item in dispute regarding CPT code 97140, manual therapy technique; 97530, therapeutic activities; 97112, neuromuscular re-education; 97010, hot/cold pack; 97035, ultrasound, 97110 therapeutic exercises, 97124 massage therapy, 97039 unlisted modality, 99070, supplies; 97018, paraffin bath; and HCPCS Code A4558, conductive paste or gel denied by carrier for medical necessity with "V" codes.

Dates of Service in Dispute: 11/21/2003 through 01/27/2004

MCMC llc (MCMC) is an Independent Review Organization (IRO) that was selected by The Texas Workers' Compensation Commission to render a recommendation regarding the medical necessity of the above Requested Service.

Please be advised that a MCMC Physician Advisor has determined that your request for M5 Retrospective Medical Dispute Resolution on **12/7/2004**, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Given the complicated circumstances of this case (as described below) and based upon a review of the documentation, the medical necessity of the services listed above for the dates of service captioned above is established.

This decision is based on:

- *TWCC Notification of IRO Assignment dated 12/07/2004
- *TWCC MR-117 dated 12/07/2004
- *TWCC-60 stamped received 11/12/2004 12 pgs
- *TWCC 1 dated 07/09/2002
- *TWCC-73s dated 07/05/2002 to 02/12/2004 22 pgs.
- *TWCC 64 LPs dated 01/21/2003 to 07/29/2003 13 pgs
- *TWCC-69s dated 1/31/2003 to 02/12/2004 4 pgs
- *Pecan Valley Chiro Center office notes dated 06/03/2003
- *Rehab Diagnostics of Texas Office Notes 03/12/2003 to 05/06/2003 24 pgs
- *Texas Workers Rehab, two letters dated 3/20/2003, 5/5/2003; Office Note dated 5/8/03

- *Upper Extremity Specialists Initial Evaluation dated 10/28/2003 3 pgs; Progress Notes dated 10/28/2003 to 07/12/2004 96 pgs
- *Robert Wilcox, MD Operative Reports for 06/09/2003 and 07/14/2003 10 pgs; Office Notes 03/06/2003 to 02/12/2004 18 pgs; Letter dated 7/5/2002
- *Corvel Explanation of Review for DOS 11/21/2003 to 01/27/2004 16 pgs
- *Concentra Medical Centers Office Records 07/09/2002 to 11/28/2002 37 pgs
- *Argonaut Ins, Request for Reconsideration stamped 07/13/2004 14 pgs
- *HealthSouth Evaluation Center letter dated 06/19/2003 3 pgs, 12/12/2002 3 pgs, TWCC designated doctor exam dated 02/06/2004 2 pgs; letter dated 04/05/2004 2 pgs
- *Review Med letter dated 04/13/2003 4 pgs; Medical Record Review dated 03/09/2003 4 pgs
- *Mark Doyne, MD letter dated 08/22/2003
- *Injury Assistance Center Office Notes dated 01/10/2003 to 04/15/2004 39 pgs
- *Phillip Osborne, MD, History and Physical dated 12/12/2002
- *ProMed Rehab Initial Eval dated 07/19/2002
- *Kenneth Driggs, MD, Letter dated 09/09/2002 2 pgs
- *St. Paul University Hospital Operative Report dated 10/02/2002 2 pgs
- *Juan Yabraian, MD, History and Physical dated 01/09/2004 4 pgs
- *Duc P. Vo, MD Case Review dated 10/28/2002 4 pgs
- *Grace Grant-Jennings Designated Doctor Evaluation dated 01/11/2003 3 pgs
- *Casa View Chiropractic Clinic Report dated 01/26/2004 6 6 pgs
- *Orthopedic Specialists Office Notes dated 07/25/2002 and 08/12/2002 3 pgs
- *The Medical Equation letter dated 03/15/2004, 2 pgs
- *Garrett Consulting Xray impression of right hand series done 11/22/2002
- *North Dallas Advanced Diagnostics Examination and Electrodiagnostic Studies dated 01/13/2003 4 pgs
- *Clear Sky MRI results of MRI right hand done 01/30/2003 2 pgs
- *Patient Reports dated 07/05/2002 2 pgs and 07/08/2002 2 pgs
- *Medical Clinic Report dated 7/5/2002 2 pgs

Records indicate that the above captioned individual was injured during the course of his normal employment. The history reveals that the above captioned individual related that a work related injury occurred on or before _____. The mechanism of injury states that an iron beam struck the right hand/thumb resulting in injuries to those areas. The injured individual participated in an extensive course of care to include physical therapy, medication management, chiropractic management, injections, two surgeries (including tendon release in 2002 and CMC arthroplasty with carpectomy and tendon transfer in 06/2003), work hardening and post surgical rehabilitation. The course of rehab in question is documented to have resulted in sharp decreases in subjective and objective symptomatology.

It is obvious that this injured individual attended an array of allopathic, conservative, surgical, physical medicine and/or chiropractic intervention for injuries arising out of an occupational incident. Even though this injured individual participated in an exhaustive course of conservative and rehabilitative medicine, it should be noted that multiple surgeries were performed, the latest of which occurred in June of 2003. The documentation further relates that the injured individual spent as many as two months in a cast after surgery, which reportedly delayed the initiation of post-surgical rehab. Work hardening was then employed for some six weeks at which time a functional assessment revealed that the injured individual's functional abilities were still significantly

short of work requirements. An initial rehab intake examination dated 10/28/2003 identifies range of motion loss, sensation loss and motor loss of a profound nature. An extensive course of rehabilitation including the elements listed above was employed at that time. Serial objective examinations reveal significant objective progress in response to the rehabilitation beginning on or about 10/28/2003. Re-examination report dated 11/19/2003 reveals significant increases in ranges of motion, subjective pain levels and grip strength. This, in the opinion of this reviewer, and consistent with standards of care and practice, would represent substantiation for the medical necessity for continuing care at that juncture. A second serial examination dated 12/17/2003 showed additional gains. A final examination dated 01/27/2004 revealed the injured individual reaching treatment goals ahead of what had been expected by the Attending Provider (AP) and a return to work was issued.

As stated above, given the profound circumstances surrounding the injured individuals injuries and eventual arthroplasty and carpectomy with tendon transfer, a protracted course of rehabilitative medicine could be reasonably expected to occur. The course of rehabilitation in question during the dates in question resulted in sharp decreases in subjective and objective signs and symptomatology according to the documentation. Therefore, from a retrospective as well as prospective point of view, the medical necessity for the array of services listed above is established for the specific listed dates of service.

REFERENCES:

References utilized in this review include but are not limited to:

1. The ACEOM Guidelines
2. Health Care Guidelines by Milliman and Robertson Volume 7
3. North American Spine Society Guidelines
4. Guidelines for Chiropractic Quality Assurance and Practice Parameters: Practice Parameters from the proceedings of the Mercy Center Consensus Conference, Agency for Health Care Policy and Research (AHCPR)
5. Procedural Utilization Guidelines.

The reviewing provider is a Licensed Chiropractor and certifies that no known conflict of interest exists between the reviewing **Chiropractor** and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5)).

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent via facsimile to the office of TWCC on this

4th day of February 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____