

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 11-10-04.

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 \$650.00** 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. Revenue Code 430 for occupational therapy 2-9-04 through 3-31-04 was 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 2-9-04 through 3-31-04 in this dispute.

This Order is hereby issued this 22nd day of February 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Enclosure: IRO decision

Envoy Medical Systems, LP
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Fax 512/491-5145

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

February 15, 2005

Re: IRO Case # M5-05-0990-01

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery, and who is a fellowship trained hand surgeon, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Records Metroplex Hospital Occupational Medicine Center
4. Records Dr. Marsh 1/12/04 – 126/04

History

The patient lacerated the volar aspect of her left ring finger on _____. She was seen in the ER, where the wound was closed, and follow up was provided. The patient developed cellulitis and was referred to a Physical medicine and Rehabilitation specialist. The specialist saw the patient on 1/12/04, and at that time he noted a 1.25 inch laceration on the volar aspect of the left middle finger. Swelling, redness, aching and throbbing were noted, extending into the hand. The patient was placed on Levaquin and Spectracef, and was asked to return in 72 hours for wound check and suture removal. The patient followed up for suture removal and was given a home exercise program with a one-week follow-up period. Because of her continued stiffness, pain and swelling, the patient was sent to occupational therapy on 1/26/04. The patient was in occupational therapy 2/9/04 – 3/31/04.

Requested Service(s)

Revenue Codes 430 for occupational therapy 2/9/04 – 3/31/04

Decision

I disagree with the carrier's decision to deny the requested services.

Rationale

The patient did not have a simple laceration. She presented with a moderate to severe cellulitis, and received excellent care, including antibiotic therapy and occupational therapy. Because of the complication of the laceration with cellulites and swelling, the patient did not have a functional range of motion, and the occupational therapy helped her decrease her edema, regain motion and increase function. Based on the records provided for this review, the services in dispute were medically necessary for treatment of this patient's injury. Occupational or hand therapy is of great benefit for injuries such as the injury in this case. There is no evidence in the records of excessive or unnecessary care.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Daniel Y. Chin, for GP