

MDR Tracking Number: M5-05-1438-01

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 1-14-05.

CPT code 99213 on 7-23-04 was withdrawn by the Requestor in a letter dated 3-21-03. This service will not be a part of this review.

In accordance with Rule 133.308 (e)(1), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The following date(s) of service are not timely and are not eligible for this review: 12-15-03 through 1-7-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The office visits (CPT code 99213) on 5-10-04 and 6-4-04, therapeutic exercises (CPT code 97110) on 5-14-04, 5-19-04, 5-20-04, 5-21-04, 5-24-04, 5-26-04, 5-28-04, 6-1-04, 7-19-04, 7-21-04 and 7-23-04 and the electrical stimulation unattended (CPT code G0283) on 6-28-04 **were found** to be medically necessary. The office visits, therapeutic exercises and electrical stimulation-unattended on dates of service not mentioned as medically necessary, massage therapy, neuromuscular reeducation, therapeutic activities, chiropractic manipulation and muscle testing **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute 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 2-17-04, the Medical Review Division submitted a Notice to the 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.

Per Rule 134.202(d), reimbursement shall be the least of the (1) MAR amount as established by this rule or, (2) the health care provider's usual and customary charge.

Neither the carrier nor the requestor provided EOB's for CPT code 99213 for date of service 5-5-04, 5-28-04 and 6-1-04. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's Per Rule 133.307(e)(3)(B). **Recommend reimbursement of \$185.94 (\$61.98 X 3 DOS).**

Neither the carrier nor the requestor provided EOB's for CPT code 98943 for date of service 5-28-04 and 6-1-04. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's Per Rule 133.307(e)(3)(B). **Recommend reimbursement of \$62.70 (\$31.35 X 2 DOS).**

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 totaling \$1,666.25 from 5-5-04 through 7-23-04 as outlined above as follows:

- In accordance with Medicare program reimbursement methodologies for dates of service on or after 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 and Order is hereby issued this 23rd day of March 2005.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

DA/da

Enclosure: IRO decision



Specialty Independent Review Organization, Inc.

Amendment March 22, 2005

March 8, 2005

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

Patient:  
TWCC #:  
MDR Tracking #: M5-05-1438-01  
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

\_\_\_ was injured on \_\_\_ after doing 'heavy work on a grinder and a hammer'. He complains of bilateral wrist/hand pain and numbness. The patient initially underwent treatment at Scott and White Hospital. He performed multiple dates of rehab and conservative care with little improvement. He changed treatment to the care of Roger Harman, MD. The patient underwent left CT release on 3/23/04 and right CTS release on 6/7/04. A peer review by Harry Morgan, DC indicated 12 visits of PT from 4/14/04 were medically necessary. The 4/29/04 functional testing indicates that symptoms had decreased by 30% and range of motion had improved moderately. The 6/3/04 functional testing indicates a lack of improvement;

however, it is important to note that the patient had a second surgery on 6/7/04 to the right wrist. This could have affected the outcomes. A peer review by Harry Morgan, DC indicates that the reviewed material could only approve the 12 visits without further documentation. The patient was returned to light duty on 2/16/04 by Dr. Harmon.

Records were reviewed from the requestor and respondent. No records were reviewed from the treating doctor. Records from the requestor include the following: Scott and White clinic note 10/7/03 by Robert Weber, MD, notes from William Stanley, DO, 2/26/04 note by Robert Allred, MD, 3/25/04, 4/8/04, 5/5/04, 6/9/04, 6/24/04 and 7/28/04 notes by Dr. Allred, 4/30/04, 6/3/04, 7/29/04 and 9/9/04 narrative reports by Allied Multicare Centers, 4/26/04 behavioral medicine consult by Phil Bohart, MS, LPC, CRC, peer review by Harry Morgan, DC of 7/6/04 and daily notes report from 12/15/03 through 9/17/04.

Records from the respondent include the following: 2/23/05 letter from Virginia Cullipher, RN, hand written note (page 4) of an unknown type but it is noted as page four as notated by the respondent, page 323 of the 2003 AMA CPT code book, TWCC 21 dated 2/19/04 and 7/16/03, peer review by Dr. Morgan, EMG and NCV report of 12/2/03, E1 dated 5/22/03, supplemental report of injury, Gunderson Southwest incident report, hand written letter 'for the record', offer of employment notice of 5/22/03, employee responsibility form, various TWCC 73, 7/15/03 through 9/4/03 Clifton Medical Clinic notes, daily notes from 7/31/03 through 9/17/04, operative report of 3/23/04, 5/28/03 and 6/11/03 Evaluations by John Dang, MD, 9/9/04 subsequent medical report by Allied Multicare Center, and an RME by Randolph Vearzey, MD.

#### DISPUTED SERVICES

The services under review include 99213, 97110, 97124, 97112, 97530, 98943, 97024, G0283 and 95831 from 05/10/04 through 09/17/04.

#### DECISION

The reviewer disagrees with the previous adverse determination regarding the following services on the following dates: **99213** (5/10/04, 6/4/04), **97110** (5/14/04, 5/19/04, 5/20/04, 5/21/04, 5/24/04, 5/26/04, 5/28/04, 6/1/04, 7/19/04, 7/21/04, 7/23/04); **G0283** (6/28/04).

The reviewer agrees with the previous adverse determination regarding all remaining services.

#### BASIS FOR THE DECISION

The reviewer indicates that the patient had documented improvement for the dates of service that were improved. The rehabilitative program would appear to have been effective as it concerns the functional testing. The patient was returned to work in February. The documentation was limited from the requestor as it relates to the rehabilitative program. Passive therapies were not approved, as they were not appropriate for the stage of injury the patient was in at that time. The

manual muscle testing of 6/8/04 was not approved, as it appears that this was done only one day following a surgical procedure; this does not appear to be reasonable or prudent. Manipulations were not approved, as they were not indicated, as the patient was a surgical candidate to the wrist. Neuromuscular re-education was not documented in the notes received. Therapeutic activities were not documented in the notes received from any party. The standard length of disability range according to Presley Reed, MD is up to 65 days with a medium PDL and 84 days after surgery for a heavy PDL. The records are not clear as to this person's PDL.

References:

Department of Research and Scientific Affairs. Facts About Carpal Tunnel Syndrome. American Academy of Orthopedic Surgeons. 2000. 28 Dec 2000

Kisner, Carolyn, and Lynn Allen Colby. "The Wrist and Hand." Therapeutic Exercise: Foundations and Techniques, 2nd ed. Kisner, Carolyn, and Lynn Allen Colby, eds. Philadelphia: F.A. Davis, 1990. 289-315.

Magee, David J. "Forearm, Wrist, and Hand." Orthopedic Physical Assessment. Biblis, Margaret M, ed. Philadelphia: W.B. Saunders Company, 1992. 168-215.

The Wrist and Hand Complex. Management of Common Musculoskeletal Disorders. Hertling, Darlene, and Randolph M. Kessler, eds. Philadelphia: J.B. Lippincott Company, 1990. 226-271.

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