

MDR Tracking Number: M5-05-1640-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 2-7-05.

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. The work hardening program from 8-23-04 through 9-3-04 was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Finding and Decision is hereby issued this 22nd day of April 2005.

Medical Dispute Resolution Officer
Medical Review Division

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 from 8-23-04 through 9-3-04 totaling \$5,120.00 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 Order is hereby issued this 22nd day of April 2005.

Medical Necessity Team
Medical Dispute Resolution
Medical Review Division

Enclosure: IRO decision

April 15, 2005

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-05-1640-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is board certified in Neurology and Pain Medicine, and is currently on the TWCC Approved Doctor List.

Sincerely,

Gilbert Prud'homme
General Counsel

GP:thh

REVIEWER'S REPORT
M5-05-1640-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

Daily progress notes 08/23/04 – 09/03/04

Physical therapy notes 08/23/04 – 09/02/04

FCE's 10/18/04 – 11/18/04

Clinical History:

This claimant sustained a work-related injury resulting in a diagnosis of bilateral carpal tunnel syndrome recorded in _____. He reportedly has had multiple treatments, including physical therapy, injections, and medications, as well as "multiple surgeries", presumably carpal tunnel releases in the wrists bilaterally, twice on each side.

The claimant has had a desire for a change in vocation, in that he desired to work on tractors. A work-hardening program was initiated in order for him to achieve the physical goals required of the new vocation. It appears that his chronic pain condition has also been complicated by the presence of some psychosocial consequences, as the individuals involved in his care and work hardening noted that he tended to demonstrate much focus on his pain and may have appeared depressed at times.

Disputed Services:

Work hardening during the period of 08/23/04 thru 09/03/04.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the work hardening program in dispute was medically necessary in this case.

Rationale:

It is not entirely clear as to the basis that the treatment was deemed unnecessary by the insurance carrier. It does appear that this claimant has undergone several treatment attempts without an outcome that would allow him to return to work at his previous profession, as it seems. A desire to switch to another vocation, but not having the physical capacity to do so, would indicate that a work-hardening program would have been reasonable and necessary. In fact, it appears that the functional capacity evaluation on discharge indicated that he had achieved many of the physical goals that had been planned, though it appears that he continued to be in quite a bit of pain. For this reason, a recommendation was made that he return to his treating physician for further evaluation or, perhaps, be considered for a pain management program.

Though no records were available for review regarding medical consultations, the reviewer does wonder whether this claimant may have more than just a bilateral carpal tunnel syndrome as a diagnosis. The reviewer supports the idea that this claimant be evaluated by either a pain management specialist or a neurologist, if not already done.

Specifically, some concern is of an entry that was reviewed indicating that the claimant had elbow pain, and that this was made worse with elbow flexion. Without anymore information available, it would be reasonable to suspect that this would not be related to the carpal tunnel syndrome diagnosis, but that the claimant may indeed have other potential causes for his ongoing symptoms, despite specific treatments for carpal tunnel syndrome.