

MDR Tracking Number: M5-05-1843-01

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 3-3-05.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of 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.

The office visits, one unit of manual therapy technique, two units of group therapeutic procedures and two units of therapeutic exercises **were found** to be medically necessary. More than one unit of manual therapy technique, more than two units of group therapeutic procedures, more than two units of therapeutic exercises and the copies **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services. The amount due the requestor for the medical necessity issues is \$1,899.94.

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 \$1,899.94 from 6-1-04 through 8-26-04 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 Findings and Decision and Order is hereby issued this 5th day of May, 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision



Specialty Independent Review Organization, Inc.

April 26, 2005

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

Patient:
TWCC #:
MDR Tracking #: M5-05-1843-01
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 and reviewed, Ms. ___ was working for _____, as a cake decorator when she was injured in a work related accident. The patient was injured on ___ when she was lifting/balancing a 50-pound box of icing when the box of icing fell on the injured employee's hand and wrist causing a crush type injury. The injured employee initially attempted to continue working and did not seek medical care until June 10, 2003. Ms. ___

initially sought the care of Mainland Medical Center. She then followed up with Dr. George, an orthopedic surgeon. Subsequently Ms. ___ was treated by Dr. Garza who is the treating doctor at the time of this review.

Numerous treatment notes, diagnostic tests, staffing notes, evaluations, and other documentation were reviewed for this file. Specific records identified include but are not limited to the following:

Medical Dispute Resolution Paperwork; TWCC-60; EOB's from the Insurance Carrier; IRO Summary from Claims Management; Consilium MD statement by Dr. Enkvetchakul; Consilium MD statement by Dr. Tonn; Consilium MD statement by Dr. Osborne; Consilium MD statement by Dr. Hayes; Consilium MD statement by Dr. Hamby; Records from Mainland Medical Center; Reports from Dr. George; Wrist MRI from Universal Bay Area MRI & Diagnostic Center; EMG/NCV by Dr. George; Multiple TWCC 73's; Wrist MRI from Fairmont Diagnostic Center & Open MRI; Reports by Steiner; Reports by Dr. Varon; Report from Dr. Chamblin; Records from Dr. Garza; Records from Houston Pain Injury Clinic; Records from Dr. Henry; River Oaks Imaging and Diagnostic report; Reports from Dr. Lall; River Oaks Surgical Center records; Reports from Dr. McAlister; Records from Twelve Oaks Medical Center; Report by Dr. Healey with TWCC69.

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of 97140-manual therapy technique, 97150-group therapeutic procedures, 97110-therapeutic exercises, 99080-copies and office visits from 6-1-2004 through 8-26-2004.

DECISION

The reviewer disagrees with the previous adverse determination regarding 99212-office visits for all dates of service under review. The reviewer states that up to one unit of 97140-manual therapy technique would be appropriate for all dates of service under review. The reviewer states that up to two units of 97150-group therapeutic procedures and 97110-therapeutic exercises would be appropriate for all dates of service under review. The reviewer agrees with the previous adverse determination regarding 99080 for all dates of service under review.

BASIS FOR THE DECISION

The basis for the determination is based upon the Medical Disability Advisor, Evidenced Based Medical Guidelines, Medicare Payment Policies, and Occupational Medicine Practice Guidelines. Also considered was the CPT codebook regarding description of services. In regards to the office visits from 6-18-2004 and prior, the treating doctor has the obligation to determine the medical status of a patient under his care and to evaluate the necessity for care and

to administer care as medically necessary. These office visits would be necessary to evaluate Ms. ___ and make the appropriate management decisions. The therapies administered would be medically necessary as described above given the extent of Ms. ___'s injuries and the fact that she was undergoing invasive procedures that would require rehabilitation in conjunction with the invasive procedures. Ms. ___ does exceed the normative data as established by the MDA for her injuries, however given the fact that she had a lengthy dispute process, numerous invasive procedures, and developed RSD/RCPS, her rehabilitation would be greatly slowed.

It is important to note that according to the records that although the patient sustained a work related injury on ___, her case was disputed and thus the appropriate services were not administered. It was not until after the patient had a BRC through TWCC that it was ruled that Ms. ___ did have a compensable injury. After that hearing, Ms. ___ initiated care with Dr. Garcia and it appears that the patient has a protracted course of treatment but according to the records, there was a significant delay in care due to the disputed nature of the case. The patient's initial date of injury was ___ but the patient did not start care with Dr. Garza until 3-3-2004. After the lengthy period of waiting for treatment the patient developed RSD/CRPS.

It also apparent from the records reviewed that the patient had ongoing invasive procedures such as steroid injections, stellate ganglion blocks, and de Quervain's release. Due to the aggressive nature of Ms. ___'s treatment and the medical records reviewed, it is clear that she had significant symptomatology, which required treatment, and thus the services would be medically necessary.

The documentation submitted does not support the need for additional therapies beyond was noted above. The documentation does not identify the specific need for rehabilitative exercises and or therapy beyond what was approved above.

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