

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 04-15-05.

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 \$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. The amount of reimbursement due from the carrier for the medical necessity issues equals **\$1,795.12**.

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 therapeutic exercises, manual therapy technique, ultrasound, paraffin bath, neuromuscular re-education, occupational therapy re-evaluation were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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 \$1,795.12 in accordance with the Medicare program reimbursement methodologies effective 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 applicable to dates of service 04-16-04 through 06-07-04 in this dispute.

This Findings and Decision and Order are hereby issued this 6th day of June 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision



7600 Chevy Chase, Suite 400
Austin, Texas 78752
Phone: (512) 371-8100
Fax: (800) 580-3123

NOTICE OF INDEPENDENT REVIEW DECISION

Date: June 1, 2005

To The Attention Of: TWCC
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-16091

RE: Injured Worker:
MDR Tracking #: M5-05-2250-01
IRO Certificate #: 5242

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating 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 the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- Evaluation Record, Brad Burdin, DC; DOS: 03/15/02 4 pgs.
- Treatment Record, Brad Burdin, DC; DOS: 04/21/03-08/20/04 12 pgs.
- Rehabilitation Scripts, Brad Burdin, DC; DOS: 04/27/04-06/14/04 2 pgs.
- TWCC Record, Brad Burdin, DC; DOS: 06/17/02-08/18/04 2 pgs.
- Treatment Log/Notes, Conrad Kothman, DC; DOS: 05/05/03-08/15/03 18 pgs.
- Treatment/Evaluation Record, J. Michael Freiberg, MD/Mark Dedmon, PA; DOS: 07/22/02-12/11/03 11 pgs.
- Prescription Record, J. Michael Freiberg, MD/Mark Dedmon, PA; DOS: 07/22/02-07/24/03 4 pgs.
- Evaluation/Surgical Record, Terry L. Westfield, MD; DOS: 08/14/03-04/01/04 4 pgs.
- Prescription Record, Terry L. Westfield, MD; DOS: 08/14/03-04/01/04 2 pgs.
- Evaluation/Treatment Log, Kipp Clayton, OTR; DOS: 02/10/04-06/07/04 29 pgs.
- Functional Capacity Evaluation, Kipp Clayton, OTR; DOS: 06/14/04 15 pgs.
- Required Medical Evaluation, Patrick W. Mulroy, MD; DOS: 10/20/04 10 pgs.
- MMI Evaluation, Brad Burdin, DC; DOS: 08/18/04 5 pgs.
- Designated Doctor Evaluation, Roger Moczygemba, MD; DOS: 08/27/04 5 pgs.
- Correspondence, Jo Schweizer; DOS: 05/10/05 2 pgs.

Submitted by Respondent:

- Treatment Log, DOS: 01/2004-06/2004 1 pg.
- Peer Review Report, Donald Wallsh, PT; DOS: 05/21/04 3 pgs.

Clinical History

Worker was employed for _____, when she was involved in a work related injury on _____. In the work related event the claimant was involved in a fall that was reported injury to the lumbar spine, neck, right knee and right upper extremity. Claimant presented to the offices of Brad Burdin, DC on 03/15/02 and claimant was fitted for a left carpal tunnel brace. A trial of conservative chiropractic management was implemented and the claimant was removed from work duty. Required Medical Examination with Patrick Mulroy, MD on 10/27/03 revealed necessity of performing a carpal tunnel release, followed by a discrete course of physical therapy. Worker presented to the offices of Kipp Clayton, OTR upon referral of Brad Burdin, DC on 02/10/04 for physical therapy/occupational therapy management. On 07/22/02, the claimant presented to J. Michael Freiberg, MD who diagnosed the claimant with bilateral carpal tunnel syndrome. On 01/27/04, a carpal tunnel release, neurolysis of median nerve, release of distal forearm retinaculum, and tenosynovectomy of the flexor tendon at the palm/wrist was implemented by Terry Westifield, MD. Terry Westifield, MD advised for occupational therapy on 02/05/04 and on 04/01/04. Functional Capacity Evaluation was performed on 06/14/04 that revealed near complete AROM and ability to work within a sedentary physical demands classification. A 12% impairment of function and MMI were assigned by Brad Burdin, DC on 08/18/04. Claimant consulted with Roger Moczygemba, MD on 08/25/04 and was placed at MMI and assigned a 5% whole person impairment of function.

Requested Service(s)

97110 therapeutic exercises, 97140 manual therapy technique, 97035 ultrasound, 97018 paraffin bath, 97112 neuromuscular re-education, 97004 occupational therapy re-evaluation for dates of service 04/16/04 to 06/7/04

Decision

I disagree with the carrier and find that the services in dispute were medically necessary.

Rationale/Basis for Decision

There is no clinical basis for the denial of physical/occupational therapy services in the management of this claimant from 04/16/04 through 06/07/04. The provider of these services was under a direct script from the surgeon.

Carrier is fundamentally flawed in their logic to discontinue physical/occupational therapy following the surgical applications that were performed on 01/27/04. The surgery was not a simple flexor retinaculum release, which requires minimal physical/occupational therapy post-procedure. The course of rehabilitation management following surgical applications is appropriate and necessary. A rehabilitation approach after hand surgery is clinically relevant to accelerate recovery (Provinciali L, et al). Provider is certainly within guidelines set forth by the American Occupational Therapy Association that states treatment intensity, frequency, and duration of 30-90 minute sessions, 1-3 times per week, for up to 8 weeks in outpatient setting is appropriate (AOTA 1998).

Rehabilitation is warranted given that the typical return to work range following carpal tunnel surgery is between 35 and 84 days (Milliman & Robertson 1998). It would be prudent for continued rehabilitation applications during this period, if functional deficits remained apparent. Functional Capacity Evaluation on 06/14/04 and MMI determination of the Designated Doctor on 08/25/04 confirm provider's/surgeon's rationale for rehabilitation management of the claimant's condition from 04/16/04 through 06/07/04.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer-reviewed references.

American Occupational Therapy Association, Adults with Carpal Tunnel Syndrome, 1998.

Milliman & Robertson, Health Management Guidelines: Wrist Injuries, 1998.

Provinciali L, et al. Usefulness of hand rehabilitation after carpal tunnel surgery, Muscle Nerve 2000 Feb;23(2):211-6.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 1st day of June 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder