Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 ● Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestors Name and Address: Albert C. Molnar, M.D. 1015 E. 32nd Street # 411 Austin, Texas 78705-2701	MDR Tracking No.: M5-06-1928-01 Claim No.: Injured Employee's Name:
Respondent's Name and Address: Commerce & Industry Insurance Rep Box # 19	Date of Injury: Employer's Name: Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary: Per the Table of Disputed Services "Initial visit with NEW TREATING DOCTOR is clearly medically necessary. Carrier denies pmt without individually considering the service rendered."

Principle Documentation:

1. DWC 60/Table of Disputed Services
2. CMS 1500's
3. Explanation of Benefits

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary: "The carrier has denied the charges associated with the treatment because the services were not medically necessary or reasonable."

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
11-09-05	99205	☒ Yes ☐ No	$218.63
	TOTAL DUE		$218.63

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Division Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), Medical Dispute Resolution assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the Requestor and Respondent.

The Division has reviewed the enclosed IRO decision and determined that the Requestor **did prevail** on the disputed medical necessity issue.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 134.1 and 134.202(c)(1)
Texas Labor Code, Sec. 413.031 and 413.011 (a-d)

PART VII: DIVISION FINDINGS AND ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the Requestor is entitled to reimbursement in the amount of $218.63. In addition, the Division finds that the Requestor was the prevailing party and is entitled to a refund of the IRO fee in the amount of $650.00. The Division hereby **ORDERS** the Respondent to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30 days of receipt of this Order.

Order by:

		10-13-06
Authorized Signature	Typed Name	Date of Order

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

December 11, 2006

Re:	**MDR #:**	**M5 06 1928 01**	**Injured Employee:**	**___**
	DWC #:	**___**	**DOI:**	
	IRO Cert. #:	**5055**	**SS#:**	**___**

TRANSMITTED VIA FAX TO:
TDI, Division of Workers' Compensation
Attention: ___
Medical Dispute Resolution
Fax: (512) 804-4868

RESPONDENT: **Commerce and Industry Ins/**

TREATING DOCTOR: **Albert Molnar, MD**

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to IRI for an independent review. IRI has performed an independent review of the medical records 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 office manager of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before 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. Your case was reviewed by a physician who is a board certified in anesthesiology and pain management and is currently listed on the DWC Approved Doctor List.

This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision, the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.

Sincerely,
Jeff Cunningham, DC
Office Manager

REVIEWER'S REPORT
M5 06 1928 01

Information Provided for Review:

1. Department of Workers' Compensation assignment documents
2. Carrier's records
3. Requestor's records
4. Supplemental clinical information

Clinical History:

The patient is a 46-year-old female with an apparent work-related injury with an onset of ___. The injury consisted of the gradual onset of tingling, weakness, and pain of the hands and wrists bilaterally. The diagnosis of bilateral carpal tunnel syndrome was made. The right carpal tunnel release was performed in October 2004. Subsequently, the left carpal tunnel release was performed in February 2005. On 11/09/05, the patient saw Dr. Molnar for continued numbness, tingling, and pain in the hands and fingers. Dr. Molnar ordered nerve conduction studies. These were within normal limits, and an impairment rating and continued use of splints were recommended. An upper extremity impairment of 18% was determined on 01/03/06.

Disputed Services:

Initial visit with new treating doctor.

Decision:

I DISAGREE WITH THE ADVERSE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

Rationale:

On 11/09/05, nine months after the carpal tunnel release, the patient clearly had persistent symptoms and findings consistent with the original injury and postsurgical impairment. The exam by Dr. Kantipong on 07/18/05 notes the same findings. Of note, the carrier's review by Dr. Kern, orthopedic surgeon, is quite expert. Unfortunately, Dr. Kern's report was dated 06/15/05 and did not have the benefit of knowing that the patient had not

recovered and had persistent pain and deficit. In short, the original condition had never healed or resolved. When Dr. Molnar documented this on 11/09/05 in his initial exam, the carrier was correct in authorizing the recommended nerve conduction study. Dr. Molnar's visit is simply the continuation of the treatment and evaluation of the original problem, which had never resolved. That many carpal tunnel syndromes experience early resolution with surgery and need no followup is irrelevant to this patient's course.

Screening Criteria/Literature Cited:

Dr. John Bonica, the Father of Pain Medicine, in 1974 defined chronic pain as "pain which persists a month beyond the usual course of an acute disease or a reasonable time for any injury to heal." In 1993, the American Medical Association set the persistent period for the definition of chronic pain as 6 months rather than the 1 month noted by Dr. Bonica. Nine months after the carpal tunnel surgery, the patient in this case has chronic pain related to the original condition or surgery. The chronic pain needed evaluation, and evaluation was performed in the initial visit, which is the subject of this review.