

MDR Tracking Number: M5-03-0491-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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 Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that office visits, somatosensory testings, physical therapy, phonophoresis and supplies were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined office visits, somatosensory testings, physical therapy, phonophoresis and supply fees were the only fees involved in the medical dispute. As the treatment was not found to be medically necessary, reimbursement for dates of service from 2/27/02 to 8/2/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 20th day of March 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

February 3, 2003 - REVISED

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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IRO #: 5251

___ 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 ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a Doctor of Chiropractic. The ___ 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 ___ 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

___ sustained a deep laceration over the distal radial aspect of the left forearm. There was some damage to the extensor musculature. The radial nerve was noted as being intact. There is some weakness noted of the extensor musculature also.

DISPUTED SERVICES

Under dispute is the somatosensory testing, office visits, physical therapy, phonophoresis and phonophoresis supplies provided to ___ from 2/27/02 through 8/2/02.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The reviewer does not find the treatment documented as medically necessary for the dates of service in question. Initial clinical documentation from ___ denotes hypoesthesia of C6 and C7 on the left. All muscle weakness is rated at 3/5 on the left. This included both flexion and extension. Three means that the muscle can move through the available range of motion against gravity. Grip strength testing was considerably less on the left. The motor findings of flexion are not consistent with the site of laceration. At best, the extensor indicis, extensor pollicis brevis, extensor digitorum communis and extnsor digiti minimi could have been involved with the laceration. However, the reviewer finds no documentation stating such.

The remaining findings are not consistent with the injury or quite simply have nothing to do with the injury. Based on the site of the injury, clinically relevant findings and presentation, there is no substantiation for doing NCV studies of the left forearm except for the possibility of a radial sensory nerve and a C6 DSEP. There is no appropriate clinical rationale or finding to establish the medical necessity of performing these tests before 30 days (4 weeks) post injury. (Kimura, Oh, Aminoff) Signs of neurotmesis will not be showing yet. This study is considered incomplete, as it was not done in conjunction with the needle EMG and was without an examination or the presence of the consulting physician.

The reviewer has noted that ___ thought the radial nerve was intact. Lateral epicondylitis is not a consistent finding for this injury and therefore makes the use of Phonophoresis (and the use of related materials and supplies) medically unnecessary. The MRI findings were unrelated and there were no distal soft tissue changes consistent with the site of injury.

Based on the mechanism of injury and clinical findings, this case should not have exceeded twelve weeks of care post-surgically. The reviewer finds no substantiation of any complicating factors that might support the medical necessity of continued care beyond twelve weeks.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,