

MDR Tracking Number: M5-03-0562-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Therefore, in accordance with §133.308(q)(9), the Commission **Declines to Order** the respondent to refund the requestor for the paid IRO fee.

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 office visits and elastic elbow arthroses were found to not be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this 20th day of February 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

## **NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** February 4, 2003

**Requester/ Respondent Address:** Rosalinda Lopez  
TWCC  
4000 South IH-35, MS-48  
Austin, Texas 78704-7491

**RE: MDR Tracking #:** M5-03-0562-01  
**IRO Certificate #:** 5242

\_\_\_ 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 \_\_\_ 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 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 physician reviewer who is board certified in chiropractic. The chiropractic physician 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.

### **Clinical History**

The case at hand involves a claimant who was injured while on-the-job on \_\_\_\_. Allegedly, the claimant fell from a ladder injuring his right elbow. The claimant had injured the same elbow while playing soccer several years prior. Apparently, MRI examination revealed intraarticular loose bodies in the right elbow. Surgical intervention was delayed for 18 months post-injury due to disputes concerning the pre-existing injury history of the claimant's right elbow. According to the submitted documentation, the claimant received on-going physical medicine at \_\_\_ from 11/01/2001 through 05/01/2002.

### **Requested Service(s)**

I have been asked to present a decision regarding the medical necessity of outpatient services rendered to the claimant from 11/01/2001 through 05/01/2002.

### **Decision**

I agree with the insurance carrier that outpatient chiropractic services rendered to the claimant from 11/01/2001 through 05/01/2002 were not medically necessary. The documentation would also not appear to support the medical necessity of an elastic elbow arthrosis.

### **Rationale/Basis for Decision**

The chief, underlying problem causing the claimant's symptoms was the presence of the intraarticular loose bodies in the right elbow. According to \_\_\_\_, "elbow loose bodies often cause persistent, intermittent symptoms that do not respond to non-operative treatment." And according to \_\_\_\_, "If loose fragments are present in the elbow joint, they can cause irreversible damage to the joint and must be removed...arthroscopically." It is clear that physical medicine to the right elbow will yield no favorable results as long as the insulting loose bodies are still present.

I see two additional problems with the physical medicine that was conducted from 11/01/2001 through 05/01/2002. First, the described therapy was applied only to the claimant's right wrist,

for which there is no correlated diagnosis in the submitted documentation. Second, even if the claimant had sustained a legitimate soft tissue injury to the right wrist with the alleged fall, the natural history for such an injury is 10 to 14 weeks and certainly does not warrant physical medicine a year after the injury occurred.

Finally, there is no support for the use of an elastic elbow arthrosis, as there is nothing about external elbow support that would cause any improvement in symptoms secondary to elbow loose bodies.

This decision by the IRO is deemed to be a TWCC decision and order.