

MDR Tracking Number: M5-03-0731-01

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 chiropractic treatment was 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 that chiropractic treatment fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 11/12/01 to 5/9/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 11<sup>th</sup> day of March 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

#### NOTICE OF INDEPENDENT REVIEW DECISION

February 27, 2003

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0731-01  
IRO Certificate #: 4326

\_\_\_ 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 rendered 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care.

\_\_\_ health care professional 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

This 34 year old female sustained a work-related injury on \_\_\_ when, while working in a repetitive job, complained of severe pain in both right and left wrists. An examination revealed weakness bilaterally in the wrist flexors, extensors and finger adductors. An MRI examination of the wrists was performed on 09/22/01 indicating subtle soft tissue changes suggesting bilateral carpal tunnel syndrome. Electrodiagnostic testing was administered on 10/11/01 indicating signs of bilateral carpal tunnel syndrome as well. The patient was under the care of a chiropractor, which was initiated on 09/10/01 and lasted through 05/09/02. A carpal tunnel release was also performed, which the patient reported to have made her symptoms worse.

### Requested Service(s)

Chiropractic services from 11/12/01 through 05/09/02.

### Decision

It is determined that the chiropractic services from 11/12/01 through 05/09/02 were not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The treatment period from 09/10/01 through 11/11/01 represents a typical eight-week trial of care. This trial of care would be consistent with most generally accepted standards of care within the chiropractic profession and represent typical standards of practice. The rationale to extend care beyond a 6-8 week trial of care would be established with documentation of significant objective and subjective therapeutic gains beyond the natural expected history of this particular condition. The medical record documentation does not indicate that the patient was making substantial progress under the care of the treating chiropractor. The records indicate that by 11/12/01 the patient had achieved maximum therapeutic gain. No further significant sustained provider driven progress is patently evident from the medical record documentation. The record reveals varying values for

subjective pain levels from visit to visit and no conclusions can be drawn to suggest that sustained relief was being achieved. Objective testing including range of motion values also vary from entry to entry indicating the absence of sustained relief beyond the natural expected progression/resolution for this condition given the fact that the patient apparently discontinued work duties after the recorded date of injury. In addition, the clinical records are not descriptive of the patient's overall progress. From a retrospective standpoint, there appears to be little to no sustained relief beyond what would be naturally expected from similar injuries, which have discontinued the provocative activities. The medical record documentation indicates that the patient stated that her symptoms had worsened as opposed to lessened from care including surgery. Therefore, the chiropractic services from 11/12/01 through 05/09/02 were not medically necessary.

Sincerely,