

MDR Tracking Number: M5-03-0779-01

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 5/15/02 to 10/8/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 1st day of April 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

#### NOTICE OF INDEPENDENT REVIEW DECISION

March 21, 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 #: M5-03-0779-01  
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 patient sustained a work-related injury on \_\_\_ when he was twisting wire with his right hand and experienced pain in the wrist in addition to a puncture wound. The patient was evaluated by a chiropractor and was diagnosed with a ruptured ganglion cyst versus a muscle tear. An MRI performed on 02/06/02 revealed severe tenosynovitis of the carpal tunnel. On 03/28/02 the patient underwent a right carpal tunnel release.

### Requested Service(s)

Chiropractic services from 05/15/02 through 10/08/02.

### Decision

It is determined that the chiropractic services provided from 05/15/02 through 10/08/02 were not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The medical record documentation does not substantiate that the care provided during the dates in question were medically necessary to treat this patient. The patient was treated with a comprehensive program of active and passive care. There is no indication in the documentation that a comprehensive assessment was ever performed to ascertain the patient's functional abilities, or other objective entities such a muscle testing or standard ranges of motion. Some cursory range of motion measurements were taken, however, it is difficult to ascertain the level of measurable objective progress. The patient was afforded 4 plus weeks of passive and active care after surgery. Care to exceed beyond these 4 weeks should contain sufficient substantive supportive information to be able to ascertain the level of progress being achieved. No regular re-examinations were performed or any standard objective measure of progress beyond the cursory range of motion assessments indicated above. No hard data other than percentages is available to ascertain the level of progress being achieved through the course of care and to determine the need for extended or protracted services beyond the initial 4 weeks of post-surgical care. On 04/18/02 and 05/10/02 range of motion percentages are listed in the clinical notations. Some values apparently were measured as virtually the same, some values were mildly increased and at least one value is decreased. This does not represent sufficient rationale to continue the same or similar therapy at that juncture. Therefore, the chiropractic services provided from 05/15/02 through 10/08/02 were not medically necessary.

Sincerely,