

MDR Tracking Number: M5-03-0817-01

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 **or January 1, 2003** 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 with manipulations, physical therapy, physical performance test, NCV studies, analysis of information, work hardening program, supplies and DME 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 that medical necessity 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 11-20-01 through 9-5-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 7th day of May 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

January 27, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0817-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on ___ external review panel. ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for

independent review. In addition, ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 41 year-old female who sustained a work related injury on ____. The patient reports that while at work on ____ she was lifting boxes when she felt and heard a pop in her right wrist. The patient reports that she immediately experienced pain. The patient had X-Rays, and MRI, and an EMG. The patient was diagnosed with carpal tunnel syndrome, acute tenosynovitis, and sprain/strain of the wrist. The patient was treated with oral medications, injection therapy, and surgery.

Requested Services

Office visits with manipulations, physical therapy, physical performance test, NCV studies, analysis of information, WH, electrodes, needles, misc. DME from 11/20/01 through 9/5/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

___ chiropractor reviewer noted that the patient sustained a work related injury on ____. ___ chiropractor reviewer also noted that the patient was treated with chiropractic care and modalities from the injury date of ____ through 10/31/02. ___ chiropractor reviewer explained that the treatment was not effective for the patient's carpal tunnel. ___ chiropractor reviewer also explained that it was not prudent to re-start the same therapy that was not effective to treat this patient's condition before she had surgery, after her surgery on 10/31/02. ___ chiropractor reviewer further explained that it was not medically necessary for the patient to spend 8 hours a day strengthening her wrist and that the patient could have performed the work hardening on her own. Therefore, ___ chiropractor consultant concluded that the office visits with manipulations, physical therapy, physical performance test, NCV studies, analysis of information, WH, electrodes, needles, misc. DME from 11/20/01 through 9/5/02 were not medically necessary to treat this patient's condition.

Sincerely,
