

MDR Tracking Number: M5-03-0936-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General 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. This dispute was received on 12-9-02.

The IRO reviewed chiropractic treatment rendered from 6-5-02 to 8-30-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On March 20, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The insurance carrier denied reimbursement for chiropractic treatment rendered from 4-1-02 through 4-16-02. According to TWCC records the Commission approved a change of treating doctors from Dr. ___ to Dr. ___ on 4-17-02. The records did not contain a referral from Dr. ___ to Dr. ___ for treatment; therefore, reimbursement for services based upon "L" is not recommended.

The This Decision is hereby issued this 3rd day of September 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

March 12, 2003

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491

Re: Medical Dispute Resolution
MDR #: M5.03.0936.01
IRO Certificate No.: 5055

Dear Ms. Lopez:

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic Medicine.

Clinical History:

This 40-year-old male claimant sustained an injury to his wrist on _____. He had an initial course of physical therapy that began on or about 03/13/02. MR imaging of the left wrist on 04/12/02 revealed lunate pathology, radial styloid process pathology, and possible pathology to ligaments/tendon structures over the dorsal/volar aspect of the left wrist.

An NCV on 04/13/02 was suggestive of left carpal tunnel syndrome, and the recommendation was made for invasive applications that included an open reduction of the lunate fracture, tenosynovectomy, tenolysis of the left wrist flexor aspect, and neurolysis of the median nerve.

On 07/15/02 the diagnosis was made of Kienbock's over the left wrist.

Disputed Services:

The following therapeutic activities from 06/05/02 through 08/30/02:

- range of motion,
- electrical stimulation,
- therapeutic activities; and,
- performance and muscle testing.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the treatments and testing in question as named above was not medically necessary in this case.

Rationale for Decision:

It is evident from the medical records that this patient may be a candidate for fusion surgical application. Continued physical therapy protocols are not appropriate if surgical consideration is a feasible therapeutic application. Initial functional data shows an inability to draw conclusions as to the effectiveness of the therapeutic application rendered between 04/01/02 through 06/05/02. The appropriateness of further therapeutic applications cannot be generated with the medical documentation received for this review.

Regarding the diagnosis of Kienbock's, it is significant to determine what stage the patient is in. Early stages of the disorder require monitoring, and the patient may return to modified work duties. However, in later stages, where collapse of the lunate is imminent or has occurred, surgical fusion is a viable option.

The aforementioned information has been taken from the following clinical practice guidelines:

Overview of Implementation of Outcome Assessment Case Management in Clinical Practice, Washington State Chiropractic Association; 2001, 54 p.

Practice Parameters for Electrodiagnostic Studies in Carpal Tunnel Syndrome, Neurology, 1993, Nov., 43 (11:2404-05).

*American College of Radiology (ACR), Expert Panel
On Musculoskeletal Imaging, Acute Hand and Wrist
Trauma. Reston (VA): American College of
Radiology (ACR); 2001, 7 p.*

I am the Secretary and General Counsel of ____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,