MDR Tracking Number: M5-03-1032-01

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 office visits, myofascial release, treatment reviewed, ultrasound and therapeutic procedures 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 office visits, myofascial release, treatment reviewed, ultrasound and therapeutic procedure 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 1/4/02 to 10/24/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9th day of May 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

March 13, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-1032-01

___ 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 the ___ external review panel. The ___ 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, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 45 year-old female who sustained a work related injury to her right wrist on ___. The patient reported that while at work she was experiencing numbness and tingling in her hand. The patient reported that she took medications without relief and underwent an EMG/nerve conduction velocity study. The patient underwent carpal tunnel release on February 12, 1998. The patient did well after surgery for about two years. The patient reported that the pain returned and another EMG was performed on 6/19/01. The patient then underwent another carpal tunnel release on 10/11/01. The patient participated in a work hardening program where she was treated with chiropractic manipulations and care.

Requested Services

Myofascial release, treatment reviewed, ultrasound, therapeutic procedure, and office visits from 1/4/02 through 10/24/02.

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

The ___ chiropractor reviewer noted that the records provided did not contain clinical documentation of orthopedic testing. The ___ chiropractor reviewer also noted that the records provided did not contain clinical documentation of any neurological testing such as motor sensory or deep tendon reflexes. The ___ chiropractor reviewer explained that the records provided showed minimal non-specific soft tissue findings and minimal chiropractic findings. The ___ chiropractor reviewer also explained that the records provided failed to show location of pain, nature of pain, mechanism of injury, onset, palliative/provacative, quality of pain, radiation, severity of pain and pain scale, and time of day when the pain occurs. Therefore, the ___ chiropractor consultant concluded that the myofascial release, treatment reviewed, ultrasound, therapeutic procedure, and office visits from 1/4/02 through 10/24/02 were not medically necessary to treat this patient's condition.

Sincerely,

___