

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-3035.M5

MDR Tracking Number: M5-03-1131-01

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 and physical therapy sessions 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 visit and physical therapy session 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 4-25-02 through 9-24-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 31st day of March 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

March 14, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-113101

___ 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 46 year-old female who sustained a work related injury on ____. The patient reported that while at work she was lifting a box of calculators when she accidentally dropped it on her left wrist and forearm. The patient reported that since her injury she has been experiencing extreme pain and intermittent numbness and tingling in her elbow, shoulder, and neck. A thorough orthopedic and neurological evaluation showed carpal tunnel syndrome accompanied with cervical segmental dysfunction complicated by a component of reflex sympathetic dystrophy. The patient has also undergone an EMG/NCV. The patient has been treated with active and passive therapies, oral medications, and range of motion.

Requested Services

Office visits, physical therapy sessions, range of motion, muscle testing, and physical performance testing from 4/25/02 through 9/24/02.

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 patient sustained a work related injury to her wrist on ____. The ___ chiropractor indicated that the patient was treated with active and passive therapies, oral medications, and range of motion. The ___ chiropractor reviewer explained that the records provided failed to show documentation of orthopedic or neurological testing. The ___ chiropractor noted that the records provided failed to show specific soft tissue and trigger point documentation. The ___ chiropractor reviewer indicated that the records provided failed to show what is being treated or adjusted. The ___ chiropractor reviewer explained that from office visit to office visit the records failed to show objective measures of functional gains, ongoing recovery progress, and pain reduction. Therefore, the ___ chiropractor consultant concluded that the office visits, physical therapy sessions, range of motion testing, and physical performance testing from 4/25/02 through 9/24/02 were not medically necessary to treat this patient's condition.

Sincerely,

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