

MDR Tracking Number: M5-03-1177-01

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 1-13-03

The IRO reviewed chiropractic treatment rendered from 2-6-02 to 6-20-02 that were denied based upon "U".

On March 18, 2003, the requestor withdrew dates of service 2-6-02 and 2-22-02.

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.

This Decision is hereby issued this 16<sup>th</sup> day of October 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

#### NOTICE OF INDEPENDENT REVIEW DECISION

April 1, 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 #: M5-03-1177-01  
IRO Certificate #: IRO 4326

The \_\_\_ 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 she was carrying items in both hands and slipped in some water. The patient fell to the ground striking a washer and hitting both elbows, neck, head, and low back. An MRI examination of the lumbar spine revealed a 2-3mm protrusion of the L4-5 disc and a 4mm bulge of the L5-S1 disc. An MRI of the cervical spine revealed a 4mm protrusion of the C3-4 disc and a 2mm protrusion of C4-5 and C5-6. An MRI of the brain was within normal limits. An electrodiagnostic evaluation revealed bilateral cubital tunnel syndrome. On 05/23/02 a surgery was performed for decompression of the right ulnar nerve and osteotomy of the right medical condyle and epicondyle. Rehabilitative care was performed at Main Rehabilitation and Diagnostic Center.

## Requested Service(s)

Therapeutic procedure, office visits, joint mobilization, myofascial release, manual traction, unusual travel, supplies and materials, range of motion testing, data analysis, muscle testing, physical performance test, temperature gradient study and nerve conduction study provided from 03/19/02 through 06/20/02.

## Decision

It is determined that the therapeutic procedure, office visits, joint mobilization, myofascial release, manual traction, unusual travel, supplies and materials, range of motion testing, data analysis, muscle testing, physical performance test, temperature gradient study and nerve conduction study provided from 03/19/02 through 06/20/02 were not medically necessary to treat this patient's condition.

## Rationale/Basis for Decision

The patient's care was initiated with passive and active care. A trial of care under the administration of the attending doctor consisting of treatment for up to 6-8 weeks would be considered medically necessary and consistent with generally accepted standards of care within the chiropractic profession as long a significant objective progress was being achieved. The attending doctor conducted periodic objective testing to measure the patient's response to care. Comparative objective testing was performed initially on 02/04/02 and re-tested on 02/19/02, 03/18/02, and 05/03/02. The patient's objective testing revealed progress through 02/19/02. A regression of muscle strength, however, is observed on 03/18/02 with no clearly defined cause or provocative incident. This indicates that the patient had reached a plateau or endpoint in regards to the therapeutic gain from treatment rendered under the administration of the attending doctor. Similarly, range of motion values increased minimally and not likely beyond what would be expected from the natural history of the condition alone. Due to the lack of objective progress and continuing apparent profound symptoms, the patient should have been referred for other specialized care at that juncture and care should have ceased due to the lack of therapeutic gain.

Surgery was eventually performed on 05/23/02. Some post-surgical rehabilitation would be considered a typical component of the patient's expected course of care, however the documentation is poorly descriptive of the therapies performed and length of time utilized which are typical and necessary components of rehabilitation record keeping. The records are rote and not descriptive of services to support the rationale for nerve conduction studies, physical performance testing, and temperature gradient studies. Diagnostic studies and services associated and supportive of the rehabilitation are also not supported in the documentation in regards to clinical descriptions or rationale.

Therefore, the therapeutic procedure, office visits, joint mobilization, myofascial release, manual traction, unusual travel, supplies and materials, range of motion testing, data analysis, muscle testing, physical performance test, temperature gradient study and nerve conduction study provided from 03/19/02 through 06/20/02 were not medically necessary.

Sincerely,