

**THIS MDR TRACKING NO. WAS WITHDRAWN.  
THE AMENDED MDR TRACKING NO. IS: M5-04-0849-01**

MDR Tracking Number: M5-03-1236-01

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 1-21-03.

The IRO reviewed office visits, special reports, myofascial release, therapeutic procedure, ultrasound, physical medicine treatment, injection tendon, drain injection, unclassified drug, injection lidocaine, injection Depo Medrol, syringe with needle rendered from 1-21-02 through 10-7-02 that were denied based upon "V".

The Medical Review Division has reviewed the IRO decision. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

The IRO concluded that the following services were medically necessary: chiropractic office visits provided on 1/21/02, 2/6/02, 3/5/02, 3/25/02, 5/1/02, 5/22/02, 6/21/02, 7/24/02 and 10/3/02 as well as the myofascial release, therapeutic procedures, physical medicine treatments and special reports provided from 1/21/02 through 6/28/02 and 10/2/02 through 10/7/02. The tendon injection, drain injection, unclassified drug, Lidocaine injection and Depo Medrol injection with the use of syringe and needle from 1/21/02 through 6/28/02 and 10/2/02 through 10/7/02.

The IRO concluded that the office visits with manipulation performed on 5/12/02 and 7/17/02; the ultrasound therapy provided from 1/21/02 through 6/28/02 and 10/2/02 through 10/7/02 were not medically necessary.

Consequently, the commission has determined that **the requestor prevailed** on the majority of the medical fees. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for 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 dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On May 30, 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 following table identifies the disputed services and Medical Review Division's rationale:

Services that were denied without an EOB will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
6-21-02	99080-73	\$20.00	\$0.00	F	\$15.00	Rule 129.6(d)	TWCC-73 supports billing, requestor made changes in claimant's work restrictions. Reimbursement of \$15.00 is recommended.
7-17-02	99213MP	\$60.00	\$0.00	No EOB	\$48.00	Evaluation & Management GR (IV)	SOAP note supports service billed reimbursement of \$48.00 is recommended.
TOTAL		\$80.00					The requestor is entitled to reimbursement of <b>\$63.00</b> .

This Decision is hereby issued this 27<sup>th</sup> day of October 2003.

Elizabeth Pickle  
 Medical Dispute Resolution Officer  
 Medical Review Division

**ORDER.**

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 1-21-02 through 10-7-02 in this dispute.

This Order is hereby issued this 27<sup>th</sup> day of October 2003.

Roy Lewis, Supervisor  
 Medical Dispute Resolution  
 Medical Review Division

**NOTICE OF INDEPENDENT REVIEW DECISION**

**Amended Letter**  
**Note:** Decision

April 17, 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 #: M5-03-1236-01  
 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 matched peers with the treating health care professional and physician. This case was reviewed by a health care professional licensed in chiropractic care and a \_\_\_ physician reviewer who is board certified in physical medicine. \_\_\_ health care professional and physician reviewer have signed certification statements 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 experienced severe pain in both hands accompanied by numbness and weakness in both hands. The patient was diagnosed with bilateral carpal tunnel syndrome with additional complaints of left neck, shoulder, and bilateral forearm pain. The patient was treated with physical therapy and trigger point injections. The patient underwent a right carpal tunnel release on 08/20/02. On dates 01/21/02 through 06/28/02 and 10/02/02 through 10/07/02, the patient received chiropractic care in the form of office visits, special reports, myofascial release, therapeutic procedure, ultrasound therapy, and physical medicine. In addition, the patient was treated by the physical medicine physician with tendon injection, drain injection, unclassified drug, Lidocaine injection and Depo Medrol injection with the use of syringe and needle.

### Requested Service(s)

Chiropractic care in the form of office visits, special reports, myofascial release, therapeutic procedure, ultrasound therapy, and physician care in the form of tendon injection, drain injection, unclassified drug, Lidocaine injection and Depo Medrol injection with the use of syringe and needle from 01/21/02 through 06/28/02 and 10/02/02 through 10/07/02.

### Decision

#### Chiropractic:

It is determined that the chiropractic office visits provided on 05/01/02, 05/30/02, 06/21/02, and 10/07/02 as well as the myofascial release, therapeutic procedures, physical medicine treatments and special reports provided from 01/21/02 through 06/28/02, 10/02/02, and 10/07/02 were medically necessary to treat this patient's condition.

It is determined that the office visit with manipulation performed on 05/13/02, and the ultrasound therapy provided from 05/21/02 through 06/28/02, 10/02/02, and 10/07/02 were not medically necessary to treat this patient's condition.

#### Physician:

It is determined that the tendon injection, drain injection, unclassified drug, Lidocaine injection and Depo Medrol injection with the use of syringe and needle from 01/21/02 through 06/28/02 and 10/02/02 through 10/07/02 were medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The patient received manipulation between injections. The use of manipulation in the treatment of the patient on the two dates of service in question was not reasonable and medically necessary in this case. O'Connor et al evaluated the effectiveness of the non-surgical (other than steroid injection) for carpal tunnel syndrome versus a placebo or other non-surgical, control interventions in improving clinical outcome. Randomized or quasi-randomized studies in any language of participants with the diagnosis of carpal tunnel syndrome who had not previously undergone surgical release were reviewed and all non-surgical treatments apart from local steroid injection were considered. The primary outcome measure was improvement in clinical symptoms after at least three months following the end of treatment. Twenty-one trials involving 884 people were included. Trials of magnet therapy, laser acupuncture, exercise or chiropractic care did not demonstrate symptom benefit when compared to placebo or control. The reviewers concluded that current evidence shows significant short-term benefit from oral steroids, splinting, ultrasound, yoga and carpal bone mobilization. Other non-surgical treatments do not produce significant benefit. Reference: O'Connor, D, et al, "Non-surgical treatment (other than steroid injections) for carpal tunnel syndrome", (Cochrane Review), The Cochrane Library, Issue, 2003, Oxford.

Post-injection physical therapy was administered on 05/21/02, 05/22/02, 05/30/02, 06/03/02, 06/06/02, 06/21/02, 06/25/02, 06/26/02, and 06/28/02. Therapies used included therapeutic procedures, myofascial release, ultrasound, hot packs, unattended electrical stimulation, and physical medicine treatment, 1 area in varying combinations. The therapeutic procedures, myofascial release, hot packs, unattended electrical stimulation and physical medicine treatment, 1 area in varying combination were medically necessary to treat this patient's condition.

The use of ultrasound therapy was not medically necessary for the treatment of the patient's work-related injury. The use of ultrasound in the treatment of patient condition is not indicated for the treatment of carpal tunnel syndrome. Ortaz et al investigated the overall effect of repeated ultrasound treatment in carpal tunnel syndrome (CTS). Eighteen women with the diagnosis of CTS in 30 hands were studied. The study concluded that ultrasound therapy in CTS was comparable to placebo ultrasound in providing symptomatic relief, and the probability of a negative effect on motor nerve conduction needs to be considered. Reference: Ortaz O, Turan B, Bora I, and Karakaya MK., "Ultrasound Therapy Effect in Carpal Tunnel Syndrome" Arch Phys Med Rehabil 1998 Dec;79(12:1540-4).

Robertson et al performed a systemic review of randomized controlled trials in which ultrasound was used to treat people with those conditions. Each trial was designed to investigate the contributions of active and placebo ultrasound to the patient outcomes measured. Depending on the condition, ultrasound (active and placebo) was used alone or in conjunction with other interventions in a manner designed to identify its contribution and distinguish it from those of other interventions. Of these randomized controlled trials, the results of 2 trials suggest that therapeutic ultrasound is more effective in treating some clinical problems (carpal tunnel syndrome and calcific tendinitis of the shoulder) than placebo ultrasound, and the results of 8 trials suggest that it is not. The authors concluded that there was little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. Reference: Robertson VJ, Baker KG. "A Review of Therapeutic Ultrasound: Effectiveness Studies" Physical Therapy Jul; 81(7): 1339-40. Therefore, it is determined that the chiropractic office visits on 05/01/02, 05/30/02, 06/21/02, and 10/07/02 as well as the myofascial release, therapeutic procedures, physical medicine treatments and special reports provided from 01/21/02 through 06/28/02, 10/02/02, and 10/07/02 were medically necessary.

It is determined that the office visits with manipulation performed on 05/13/02, and the ultrasound therapy provided from 01/21/02 through 06/28/02 and 10/02/02 through 10/07/02 were not medically necessary.

For this patient with pain and disability due to carpal tunnel syndrome, it was appropriate to include injections of trigger points and tendons as a treatment modality. The patient was injected at the brachioradialis trigger point and palmaris longus tendon.

Therefore, is determined that the tendon injection, drain injection, unclassified drug, Lidocaine injection and Depo Medrol injection with the use of syringe and needle from 01/21/02 through 06/28/02 and 10/02/02 through 10/07/02 were medically necessary.

Sincerely,