

MDR Tracking Number: M5-03-1280-01

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.

Dates of service on the table, 4/25/02 through 5/20/02 were paid, therefore are no longer in dispute.

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, data analysis, range of motion testing, therapeutic procedure, and physical performance test 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, data analysis, range of motion testing, therapeutic procedure, and physical performance test 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 5/29/02 to 6/19/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9<sup>th</sup> day of May 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

#### NOTICE OF INDEPENDENT REVIEW DECISION

April 21, 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 #: M5-03-1280-01  
IRO Certificate #: IRO4326

\_\_\_ 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. \_\_\_'s 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 experienced pain in her right elbow, arm, and wrist. A plain x-ray was interpreted as a fracture of the proximal radius just distal to the radial tuberosity. An MRI performed on 04/10/02 revealed no fracture but rather lateral epicondylitis. From 05/29/02 through 06/19/02, the patient received office visits, data analysis, range of motion testing, therapeutic procedure, and physical performance test.

#### Requested Service(s)

Office visits, data analysis, range of motion testing, therapeutic procedure, and physical performance test from 05/29/02 through 06/19/02.

#### Decision

It is determined that the office visits, data analysis, range of motion testing, therapeutic procedure, and physical performance test from 05/29/02 through 06/19/02 were not medically necessary to treat this patient's condition.

#### Rationale/Basis for Decision

The medical record documentation does not substantiate the medical necessity for the above captioned course of care. There is no documentation to indicate that range of motion analysis or a physical performance test took place.

In regard to the office visits and therapeutic procedures, the documentation does not support this care during the dates referenced above as well. Specifically, therapeutic procedures have a time element that needs to be addressed and satisfied in the documentation. There is no reference to the time spent in these procedures within the documentation. Secondly, the documentation is not specific as to the modalities utilized or repetitions/sets or other descriptive information typically included in the documentation for these modalities.

Additionally, the chief complaint as well as the diagnosis indicates that the patient's complaints were to the elbow with radiating pain to the shoulder and forearm. However, the documentation indicated that all the modalities were utilized to the palmar wrist.

Therefore, it is determined that the office visits, data analysis, range of motion testing, therapeutic procedure, and physical performance test from 05/29/02 through 06/19/02 were not medically necessary.

Sincerely,