

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-03-3705.M5**

MDR Tracking Number: M5-03-1459-01

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 requestor submitted a medical dispute resolution request on 1/22/03 and was received in the Medical Dispute Resolution on 1/23/03. The disputed date of service 1/22/02 was not within the one year jurisdiction in accordance with Rule 133.308(e)(1) and will be excluded from this Finding and Decision.

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, hot/cold packs, electrical stimulation, myofascial release, massage therapy, therapeutic exercises, DME, ultrasound therapy, mechanical traction and medical disability examination was 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, hot/cold packs, electrical stimulation, myofascial release, massage therapy, therapeutic exercises, DME, ultrasound therapy, mechanical traction and medical disability examination 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 1/23/02 to 11/12/02 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

April 28, 2003

**NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M5-03-1459-01**

\_\_\_ 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 52 year-old female who sustained a work related right wrist injury on \_\_\_. The member was first treated by several specialists and a chiropractor and treated with rest, medication, immobilization, physical therapy and work hardening. The patient saw a different chiropractor in January 2002. This chiropractor felt that she was suffering from radial nerve symptoms and underlying reflex sympathetic dystrophy. This chiropractor referred her to a different orthopedic surgeon. She underwent a right radial tunnel release in June 2002. She has also been treated with steroid injections. In September 2002, she reported some pain in her right shoulder and forearm that occurred while she was holding items in her right hand. Her orthopedic surgeon evaluated her in September 2002 and diagnosed her with right radial tunnel release, with some scarring about the operative site, mild shoulder tendonitis and possibly a mild component of right thoracic outlet. She was referred back to her chiropractor for a nerve glide program, desensitization of the scar, stretching of the shoulder and strengthening of the thoracic outlet.

### Requested Services

Hot or cold packs, electrical stimulation, myofascial release, massage therapy, office visits, therapeutic exercise, durable medical equipment, ultrasound therapy, mechanical tractions and medical disability examination from 1/23/02 through 11/12/02.

### 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 this case concerns a 52 year-old female who sustained a work related injury to her right wrist on \_\_\_. The \_\_\_ chiropractor reviewer also noted that the patient was diagnosed with right wrist tendinosis, right wrist mild tenosynovitis and right wrist small ganglion near Lister's tubercle. The \_\_\_ chiropractor reviewer further noted that the patient was treated with electrical stimulation, myofascial release, massage therapy, exercises, ultrasound therapy and traction. The \_\_\_ chiropractor reviewer also explained that the clinical documentation provided failed to show why this patient needed treatment from

1/23/02 through 11/12/02. The \_\_\_ chiropractor reviewer further explained that the clinical documentation failed to show medical necessity or final result of treatment rendered to this patient. Therefore, the \_\_\_ chiropractor consultant concluded that the hot or cold packs, electrical stimulation, myofascial release, massage therapy, office visits, therapeutic exercise, durable medical equipment, ultrasound therapy, mechanical tractions and medical disability examination from 1/23/02 through 11/12/02 were not medically necessary to treat this patient's condition.

Sincerely,

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