

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the Order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The chiropractic treatment was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the chiropractic treatment.

This Decision is hereby issued this 13<sup>th</sup> day of June 2003.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

MQO/mqo

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay 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 Order is applicable to dates of service 2/15/02 through 4/5/02.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 13<sup>th</sup> day of June 2003.

David R. Martinez, Manager  
Medical Dispute Resolution  
Medical Review Division

MQO/drm

NOTICE OF INDEPENDENT REVIEW DECISION

June 3, 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 #: M5-03-1473-01  
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 presented on \_\_\_ with complaints of numbness in the palm of her right hand over the past year and a half. She works as a telephone operator and spends most of the day typing and doing 10-key pad data entry. Her pain has progressively worsened, now going up the right forearm and into her axilla. X-rays were deferred at the time due to her pregnancy and was fitted with a wrist splint. An electromyography (EMG) study from 02/02/02 revealed carpal tunnel syndrome on the right.

Requested Service(s)

Chiropractic treatments rendered from 02/15/02 through 04/05/02

### Decision

It is determined that the chiropractic treatments rendered from 02/15/02 through 04/05/02 were medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The medical records state that after the patient gave birth, she had an electromyography (EMG) done which showed DeQuervain's syndrome and mild carpal tunnel syndrome (CTS) in her right wrist. She restarted her therapy. The patient then had a functional capacity evaluation (FCE) performed on 03/01/02 which demonstrated some strength deficiency and further therapy was indicated

According to the American Academy of Orthopedic Surgeons, the therapies rendered from 02/15/02 through 04/05/02 were within their guidelines for treatment of the CTS and DeQuervain's syndrome. Therefore, it is determined that the chiropractic treatments rendered from 02/15/02 through 04/05/02 were medically necessary.

Sincerely,