

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION:

SOAH DOCKET NO. 453-03-3599.M5

MDR Tracking Number: M5-03-1528-01

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, 2003 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 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 the office visits, physical therapy, NCV studies, temperature gradient studies, range of motion, special reports, physical performance testing, analysis of information, MRI, work hardening and DME 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 the office visits, physical therapy, NCV studies, temperature gradient studies, range of motion, special reports, physical performance testing, analysis of information, MRI, work hardening and DME 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 5/29/02 through 10/23/02 are 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.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

MQO/mqo

May 5, 2003

**NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M5-03-1528-01**  
**TWCC #:**  
**Injured Employee:**  
**Requestor:**  
**Respondent:**  
**----- Case #:**

----- 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 22 year-old male who sustained a work related injury on ----- . The patient reported that while at work he tripped and fell right hand first into a piece of construction metal. The piece of metal punctured through his right hypothenar area traveling up to his wrist and arm and about 4 inches deep. The diagnoses for this patient included laceration of the hypothenar area on the palmar side. The patient has undergone an MRI 6/7/02 and a NCV on 7/11/02. The patient was treated with active and passive therapy, chiropractic care, and a work hardening program.

### Requested Services

Office visits, physical therapy, NCV studies, temperature gradient studies, range of motion, special reports, physical performance testing, analysis of information, MRI, work hardening and DME from 5/29/02 through 10/23/02.

### 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 22 year-old male who sustained a work related injury to his right hand, wrist and forearm on ----- . The ----- chiropractor reviewer also noted that the diagnoses for this patient included laceration of the hypothenar area on the palmar side. The ----- chiropractor reviewer further noted that this patient was treated with chiropractic care that included active and passive therapy and a work hardening program. The ----- chiropractor reviewer explained that the documentation provided did not indicate that the treatment rendered to this patient was medically necessary. Therefore, the ----- chiropractor consultant concluded that the office visits, physical therapy, NCV studies, temperature gradient studies, range of motion, special reports, physical performance testing, analysis of information,

MRI, work hardening and DME from 5/29/02 through 10/23/02 were not medically necessary to treat this patient's condition.

Sincerely,

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State Appeals Department