

MDR Tracking Number: M5-03-1551-01

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. The dispute was received on 2-24-03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The requestor submitted a letter of withdrawal for the office consultation on 3-29-02, which was denied per the *Medical Fee Guideline*. The IRO agrees with the previous determination that the motor and sensory nerve conduction tests (whole procedure) and the H&F reflex study (whole procedure) on 3-29-02 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 Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for date of service 3-29-02 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 4th day of September 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 9, 2003

Re: IRO Case # M5-03-1551-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient reportedly was injured on ___ when her right hand slipped off a wrench multiple times and struck a counter top. She was treated, and received x-rays and medication. She went to the treating chiropractor on 3/25/02.

Requested Service

Motor nerve conduction test, sense nerve conduction test, "H or F" reflex study 3/29/02

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

In the initial narrative report 3/27/02 it states that the patient presented with right wrist pain rated at 7 out of 10 and the pain was constant, aching, pounding, with stiffness, and radiating numbness to all fingertips. Sensation was decreased on the right at C7 and C8, and muscle strength was +5 bilaterally. Also, pain was noted on palpation but their intensity was not noted. Motion and static palpation produced no audible or palpable crepitus, restriction or edema, and muscle tone was unremarkable. Finklestein's test and Tinel's were positive.

These complaints and findings do not correlate. A person with a 7 out of 10 subjective pain would probably have a positive orthopedic test even if the wrist injury were just a contusion. Also it makes no sense that a person would bang her wrist multiple times as documented. From the records provided, it appears that this injury was a contusion type injury involving the soft tissues of the wrist which would heal in time without medical attention. The disputed services were performed in haste and were completely unnecessary.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,
