

MDR Tracking Number: M5-03-1649-01

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 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, the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 office visits on 6/13/02 and 11/4/02 were found to be medically necessary. The remaining treatment/services rendered were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visit charges.

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 6/13/02 through 12/26/02 in this dispute.

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 16th day of June 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/cl

NOTICE OF INDEPENDENT REVIEW DECISION

June 6, 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 #: M5-03-1649-01
IRO Certificate #: IRO4326

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 sustained an injury on ___ when a heavy door struck her right elbow. She had an electromyography (EMG) study which revealed severe carpal tunnel syndrome. She saw an orthopedic surgeon who was planning to do a carpal tunnel release. The patient's right elbow epicondylitis was being treated by a chiropractor.

Requested Service(s)

Office visits, office visit manipulations, and x-rays (elbow) from 06/13/02 through 12/26/02

Decision

It is determined that the initial office visit on 06/13/02 and the one for re-assessment on 11/04/02 were medically necessary to treat this patient's condition. The radiographs taken on 06/13/02 were not medically necessary as well as the office visits on 06/19/02, 06/28/02, 07/03/02, 07/09/02, and 07/16/02 as no treatments were administered. The office visits on 07/24/02, 08/21/02, 08/28/02, 09/09/02, 09/23/02, 10/02/02, 10/08/02, and 10/16/02 on which the patient was treated with joint mobilization were not medically necessary. The office visits on 11/13/02, 11/19/02, 11/22/02, and 12/02/02 on which the patient was treated with myofascial release were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical records reviewed indicated that the patient was under the care of a chiropractor from 11/16/01 through 01/19/02 and was treated on 25 occasions with treatments that included mechanical traction, joint mobilization, electrical stimulation, and ultrasound. The records indicated that the patient did not improve with these treatments. The patient had a CT scan of the right elbow on 12/21/01.

The patient changed treating doctors and had her initial office visit and right elbow x-rays on 06/13/02. This visit was medically necessary to establish a relationship with a new patient although the x-rays were not necessary since she already had a CT scan 12/21/01.

The office visits on 06/19/02, 06/28/02, 07/03/02, 07/09/02, and 07/16/02 were not medically necessary as no treatments were being administered and there was no need for the weekly re-examination of the patient's elbow. The office visits on 07/24/02, 08/21/02, 08/28/02, 09/09/02, 09/23/02, 10/02/02, 10/08/02, and 10/16/02 on which the patient was treated with joint mobilization were not medically necessary. The patient had a previous trial of 21 chiropractic office visits and no benefits were realized from the first 8-week course of treatment. An adequate trial of care is identified as a course of two week each of different typed of manual procedures (4 weeks total), after which, in the absence of documented improvement, manual procedures are no longer indicated. (*Haldeman, S., Chapman-Smith, D., and Petersen, D., Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen, Gaitherburg, Maryland, 1993.*)

The office visits on 11/13/02, 11/19/02, 11/22/02, and 12/02/02 on which the patient was treated with myofascial release were not medically necessary as the continued use of passive physical therapy after the initial course had failed was not necessary. The move from passive to active care should take place within

the first 3-4 weeks of care. The prolonged use of passive treatment modalities does not affect the outcome of the condition and has been associated with the production of treatment dependence and iatrogenic disability. Haldeman et al indicate that it is beneficial to proceed to the rehabilitation phase of care as rapidly as possible to minimize dependence on passive forms of treatment/care and reaching the rehabilitation phase as rapidly as possible and minimizing dependence on passive treatment usually leads to the optimum result. *(Haldeman, S., Chapman-Smith, D., and Petersen, D., Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen, Gaithersburg, Maryland, 1993.)*

Sincerely,