

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 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 treatments were found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the chiropractic treatments charges.

This Decision is hereby issued this 25<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 3/18/02 through 10/28/02.

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 25<sup>th</sup> day of June 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

MQO/RL

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** June 20, 2003

**RE: MDR Tracking #:** M5-03-1725-01  
**IRO Certificate #:** 5242

\_\_\_ 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 proposed 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 Chiropractic physician reviewer. The Chiropractic physician reviewer 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**

It appears the claimant suffered what appears to be alleged repetitive stress injury, mainly to her right upper extremity. The claimant had been employed with \_\_\_ primarily doing data entry of keyboard work for 21 years. The initial chiropractic exam revealed the claimant to be suspected as having right carpal tunnel syndrome as well as myofascial pain syndrome in the cervical spine. The claimant was also felt to have mild evidence of right cubital tunnel syndrome as well as some impingement involving the right shoulder. The claimant underwent multiple injections of the trigger point and epidural steroid injection variety over time. The claimant reportedly had a C4/5 disc herniation; however, an MRI report is not included in the documentation provided for review. The claimant underwent right carpal tunnel release surgery on 1/23/02, and she ended up undergoing a cervical spine fusion at the C4/5 level in April 2002. The claimant was cleared to begin her carpal tunnel release rehabilitation in February 2002 and she was cleared to begin some initial post operative rehabilitation from the cervical spine fusion in mid-July 2002. It appears that in November 2002 she had an impairment rating done; however, the impairment rating is not included in the documentation provided for review. However, the impairment rating physician did feel the claimant was at maximum medical improvement, I assume, sometime in November 2002. A functional capacity evaluation of 11/19/02 revealed the claimant to not be doing very well and at one point it was felt that the claimant would probably not be able to return to her normal pre-injury status. The claimant has undergone work conditioning; however, did not tolerate the work conditioning very well. The claimant's overall progression has been slow. Repeat electrodiagnostic studies of September of 2002 revealed that the right median nerve looked much better. There was no evidence of cervical

motor radiculopathy and the claimant continued to have mild left carpal tunnel syndrome which appeared not to be clinically significant, at least according to the documentation. The claimant was felt to be “healed” electrodiagnostically. The claimant continued to undergo trigger point injections on 10/5/02 and again in January 2003 mainly involving the neck and mid-back region. A 10/29/02 follow up revealed the claimant to be 75% improved and she subjectively stated that she has not felt this good in 3 years. In February 2003 a chronic pain management program was recommended. The claimant expressed no desire to go through further surgeries as of March 2003.

### **Requested Service(s)**

Chiropractic and rehabilitation services rendered from 3/18/02 through 10/28/02.

### **Decision**

I disagree with the insurance carrier and find that the above mentioned services were reasonable and medically necessary in their entirety.

### **Rationale/Basis for Decision**

According to the documentation the claimant initiated some post carpal tunnel release physical therapy on or about 2/6/02 and completed about 21 visits through 4/1/02. The highly evidence based Official Disability Guidelines recommend anywhere from 14-20 visits over an 8-10 week period for post operative management of carpal tunnel release surgery depending on whether or not the surgery was endoscopy or open. The claimant continued to have a slow post operative progression and this was perhaps due to the ongoing cervical spine problem which was later addressed surgically. At any rate, the documentation and the Official Disability Guidelines recommendations and standards have been met and adhered to through the 4/1/02 date of service with respect to the carpal tunnel problem. The claimant underwent cervical spine fusion surgery in April 2002 and some initial post operative physical therapy was begun on 7/11/02. The highly evidence based Official Disability Guidelines recommend 34 visits of post operative physical therapy over a 16 week period for post operative management of cervical spine anterior or posterior fusion surgeries. The last date of service in dispute in this case occurred on 10/28/02 and this was approximately the 30<sup>th</sup> visit and occurred within the 16 week time period as recommended in the Official Disability Guidelines. The claimant also underwent trigger point injections on 10/5/02 and post injection physical therapy would be considered reasonable and customary and was prescribed by \_\_\_. This physical therapy was completed in the October time frame in addition to the ongoing regular amount of post cervical spine fusion physical therapy. The claimant was also recommended to return to work on a trial basis on 10/9/02; however, probably had increased difficulties. At any rate, appropriate attempts to return the claimant to work and to properly rehabilitate her within the recommended guidelines and treatment parameters has occurred. Her progress has been less than stellar; however, the disputed dates of service fell well within the recommended treatment guidelines time frames, especially given the time line of the surgeries and the injections, and also taking into consideration when the claimant was released to begin her post operative and/or post injection physical therapy.