

MDR Tracking Number: M5-03-1731-01

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 (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 office visits with manipulations, myofascial release, therapy activities and neuromuscular re-education 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 office visits with manipulations, myofascial release, therapy activities and neuromuscular re-education fees 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 from 6/3/02 to 11/27/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 20<sup>th</sup> day of May 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division  
NLB/nlb

May 16, 2003

Re: MDR #: M5-03-1731-01  
IRO Certificate No.: 5055

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic medicine.

Clinical History:

The patient is a 38-year-old male who injured his wrist on \_\_\_\_. The patient began conservative treatment on 04/22/02. MRI of the right wrist on 05/14/02 revealed moderate deQuervain's tenosynovitis and suggested findings of carpal tunnel syndrome.

Disputed Services:

Denial of office visits with manipulations, myofascial release, therapy activities, and neuromuscular re-education from 06/03/02 through 11/27/02.

Decision:

The reviewer agrees with the determination of the insurance carrier. Office visits with manipulations, myofascial release, therapy activities, and neuromuscular re-education from 06/03/02 through 11/27/02 was not medically necessary.

Rationale:

The medical record submitted for review shows no clinical basis to warrant extending chiropractic applications. The provider has supplied medical records that reflect continued functional deficits over the patient's right hand. After a six-week course of conservative applications, if the patient continues to have pain and functional deficits, a surgical consult may be warranted. The records presented for review do not show any referrals for surgical applications.

The introduction of a home-based rehabilitation program or surgical referral seems to be the most necessitated action, given the forwarded medical data.

The aforementioned information has been taken from the following clinical practice guidelines:

*Overview of Implementation of Outcome Assessment Case Management in the Clinical Practice.* Washington State Chiropractic Association; 2001, 54 p.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,