

MDR Tracking Number: M5-03-1795-01

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 chiropractic treatments 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 chiropractic treatment 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 8/20/02 to 9/27/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 20th day of May 2003.

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

May 15, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

This patient sustained a deep laceration to the forearm which required suture of the muscle and skin. The patient was placed in a therapy program which included sterile whirlpool, therapeutic exercise, massage and EMS. ___ diagnosed RSD of the left upper extremity.

DISPUTED SERVICES

Under dispute is the medical necessity of chiropractic treatment rendered from 8/20/02 through 9/27/02.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

This patient was placed in a therapeutic exercise program. The doctor's notes continually express improvement in the patient's condition, however, the patient's pain scores continued to increase. The improvement in grip strength over the course of his treatment does not indicate that the program was of benefit to the patient, increasing to only 27 lbs after 7 months of treatment. Healing of the muscle would allow the patient more use of the arm, and that increased usage would naturally allow him some increase in strength. For a laceration to the forearm, one would expect the formation of some scar tissue. The area would be tender and painful for a number of weeks or months, but use of the extremity should increase ROM and strength, especially with a rigorous therapeutic exercise program. It appears that this therapy only aggravated this patient's condition, as his pain rating continually increased from a 2 to 7/8, and he gained very little strength in the extremity. Additionally, there is one referral to ___. dated April 17, 2002 with a diagnosis of RSD with ulnar neuropathy. There is no record of any treatment for RSD, and that diagnosis was not incorporated into the treating doctor's diagnoses, so it would appear that the diagnosis had been ruled out. The mechanism of injury does not support continued therapeutic activities and the clinical findings do not indicate that the procedures were medically necessary to the patient.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ____, I certify that there is no known conflict between the reviewer, ____ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

____ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,