

MAXIMUS

June 10, 2003

Texas Workers Compensation Commission
Southfield Building, MS48
4000 S. IH-35
Austin, Texas 78704-7491

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-1856-01
TWCC #:
Injured Employee:
Requestor: SCD Back & Joint Clinic
Respondent: Liberty Mutual
MAXIMUS Case #: TW03-0267

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the MAXIMUS external review panel. This physician is board certified in orthopedic surgery. The MAXIMUS physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 38 year-old female who sustained a work related injury on 9/___/01. The patient reported that while at work she was packing chicken when she began to experience pain in her right elbow that radiated to her fingers. The patient was initially treated with oral pain medications and light duty work. She was then referred to a chiropractor. The patient completed 5 weeks of therapy that included electrical muscle stimulation and ultrasound. The patient also underwent an orthopedic evaluation. The diagnoses for this patient included lateral epicondylitis, right, ulnar neuropathy of right elbow, deconditioning syndrome and myofascial pain syndrome.

On 2/12/02 the patient underwent right carpal tunnel release and right lateral epicondylitis release. The patient was then referred for post surgical therapy.

Requested Services

Office visits, physical therapy, required reports, range of motion and muscle testing from 6/5/02 through 11/14/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The MAXIMUS physician reviewer noted that this case concerns a 38 year-old female who sustained a work related injury to her right elbow on 9/13/01. The MAXIMUS physician reviewer also noted that the diagnoses for this patient included lateral epicondylitis, right, ulnar neuropathy of right elbow, deconditioning syndrome and myofascial pain syndrome. The MAXIMUS physician reviewer further noted that the patient was treated with 5 weeks of therapy that included electrical muscle stimulation and ultrasound. The MAXIMUS physician reviewer indicated that the conditions being treated normally are treated with a period of physical therapy from 3-6 months before resorting to surgery. However, the MAXIMUS physician reviewer explained that in this case the physical therapy, reports, etc were an integral part of non-operative, conservative care and assessment thereof. The MAXIMUS physician reviewer also explained that given this patient's clinical history, there is no contraindication to the 6-month regimen. The MAXIMUS physician reviewer further explained that these interventions were reasonable. Therefore, the MAXIMUS physician consultant concluded that the office visits, physical therapy, required reports, range of motion and muscle testing from 6/5/02 through 11/14/02 were medically necessary to treat this patient's condition.

Sincerely,
MAXIMUS

Elizabeth McDonald
State Appeals Department