

MDR: Tracking Number M5-03-1946-01

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 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, including office visits, myofascial, joint mobilization, exercises, ROM testing, FCE, therapeutic procedures, manual traction, x-ray and reports 3/21/02 through 9/30/02 were found to be medically necessary. The chiropractic treatments from 10/1/02 through 11/27/02 were not medically necessary. The respondent raised no other reasons for denying reimbursement for these chiropractic treatment charges.

This Finding and Decision is hereby issued this 25<sup>th</sup> day of July 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer

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 3/21/02 through 11/27/02 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 24<sup>th</sup> day of July 2003.

David R. Martinez, Manager  
Medical Dispute Resolution  
Medical Review Division

DRM/crl

July 21, 2003

## NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M5-03-1946-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ 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 \_\_\_ for independent review in accordance with this Rule.

\_\_\_ 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 chiropractor on the \_\_\_ external review panel. The \_\_\_ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor 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 \_\_\_ for independent review. In addition, the \_\_\_ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a male who sustained a work related injury on \_\_\_. The patient reported that while at work he was working with heavy PVC pipes. The patient reported that one of the pipes fell and injured the left index and middle finger. The patient was evaluated at the hospital where it was determined that the patient had sustained lacerations over the dorsal aspect of the proximal phalanges extending over the PIP joint of the index finger. In addition, the tendon was exposed and radiographs showed a transverse shaft fracture of the proximal phalanx of the left index finger, which was badly displaced. The patient underwent an open reduction internal fixation, repair of extensor tendon, repair of the laceration and a complex 3 cm repair of the extensor tendon of the middle finger as well as a complex repair of the laceration of the middle finger. A 3cm bone graft of the fractured area on the left index finger was applied. On 2/17/02 the patient had pins placed in the fractured finger that were removed on 5/13/02. 2/12/02 the patient underwent another hand surgery. The patient was then treated with conservative care.

### Requested Services

Chiropractic treatments rendered from 3/21/02 through 11/27/02.

### Decision

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

### Rationale/Basis for Decision

The \_\_\_ chiropractor reviewer noted that this case concerns a male who sustained a work related injury to his left index and middle finger on \_\_\_\_. The \_\_\_ chiropractor reviewer also noted that the diagnoses for this patient included lacerations over the dorsal aspect of the proximal phalanges extending over the PIP joint of the index finger with tendon exposure and a transverse shaft fracture of the proximal phalanx of the left index finger. The \_\_\_ chiropractor reviewer further noted that the patient underwent an ORIF, repair of extensor tendon, repair of the laceration and a complex 3cm repair of the extensor tendon of the middle finger as well as a complex repair of the laceration of the middle finger, and a 3cm bone graft placement in the fractured finger. The \_\_\_ chiropractor reviewer indicated that the patient was treated with conservative care that included chiropractic treatments from 3/21/02 through 11/27/02. The \_\_\_ chiropractor reviewer explained that after 9/30/02 the patient did not show significant and or substantial progress with the treatment rendered. Therefore, the \_\_\_ chiropractor consultant concluded that the chiropractic treatments from 3/21/02 through 9/30/02 were medically necessary. However, the \_\_\_ chiropractor consultant also concluded that the chiropractic treatments from 10/1/02 through 11/27/02 were not medically necessary to treat this patient's condition.

Sincerely,