MDR Tracking Number: M5-03-1967-01

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 (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 the office visits with manipulations, myofascial release, joint mobilization, supplies, kinetic activities, neuromuscular re-education, manual traction, EO double upright and WHO wrist extension DME 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, joint mobilization, supplies, kinetic activities, neuromuscular re-education, manual traction, EO double upright and WHO wrist extension DME 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 4/9/02 to 11/5/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 25th day of June 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

June 20, 2003

MDR Tracking #:	M5-03-1967-01
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

___ injured her right and left wrist, forearms and elbows while performing her work duties and functions on ___. While lifting a propane tank weighing approximately 75 to 100 lbs she began to experience weaknesses and pain.

___ was returned to work on 11-05-01 to her tolerance.

EOB with dates of service dated 04-09-02 to 11-05-02 were reviewed.

___ was taken off work on 03-13-02.

___ evaluated ___ on 04-09-02. ___ complained of bilateral wrist and right elbow pain. Muscle spasms were noted across the right and left distal forearm and a mild decrease in tonicity over the right thenar eminence and left distal wrist extensors. Joint mobilization, myofascial release, "arctic ice" application and manipulation were performed. This documentation is consistent with the EOB for 04-09-02.

___, board certified in physical medicine and electromyography, evaluated ___ on 04-11-02. His clinical impression includes bilateral cubital tunnel syndrome evidenced by electrodiagnostic evidence that hasn't changed since a previous EMG dated 01-08-99. ___ states that ___ is responding nicely to conservative management.

___ evaluated ___ on 04-16-02. ___ complained of right wrist and elbow pain. She reported her left wrist is better. A mild decreased tonicity in the right and left thenar eminences as well as right distal forearm extensors is noted. Manual muscle testing revealed weakness of the right and left wrist flexors and extensors (no rating was given). Joint mobilization, myofascial release, "arctic ice" application and manipulation were performed. This documentation is consistent with the EOB for 04-16-02.

___ evaluated ___ on 04-24-02. ___ complained of right elbow pain, weakness and difficulty with ADL's. Spasms were noted across the right and left forearm flexors. Weakness noted in right and left hand grip strength (No quantification given). Joint mobilization, myofascial release, "arctic ice" application and manipulation were performed. A set of TENS pads were given. This documentation is consistent with the EOB for 04-24-02.

___ evaluated ___ on 04-26-02. A referral to ___ was given and placed on off work status until 08-01-02.

___ evaluated ___ on 04-30-02. ___ complained of bilateral wrist pain. The pain in the right elbow is less intense. Spasms were noted across the right and left forearms. Mild decrease in tonicity of the right wrist extensors was noted. Swelling noted across the right and left wrist flexors. Muscles spasms noted across the right left wrist flexors. Joint mobilization, myofascial release, "arctic ice" application and manipulation were performed. This documentation is consistent with the EOB for 04-30-02.

___ evaluated ___ on 05-07-02. ___ complained of right wrist pain. The pains in the left wrist and elbow have improved. Mild weakness of the right left wrist flexors and extensors was noted (No quantification given). Muscle spasms noted across the distal aspects of the right and left wrist flexors. A decrease in tonicity is noted across the right thenar eminence. Joint mobilization, myofascial release, "arctic ice" application and manipulation were performed. 2 sets of TENS pads were given. An EMS unit was rented to ___ for one month. This documentation is consistent with the EOB for 05-07-02.

___, paper reviewer, reviewed the medical information on 05-23-02. ___ recommended that 12 sessions of physical therapy would be reasonable based upon the documentation he was provided.

Release of the right transverse carpal ligament, release of Guyon canal, radical flexor tenosynovectomy or the right wrist, and right ulnar nerve anterior subcutaneous transposition were performed on 06-20-02 by ___.

___ evaluated ___ on 07-22-02. It is noted that the physical examination occurred on 07-18-02. ___ reported that her right wrist and elbow were symptomatic and swollen. Tenderness to palpation, muscle spasms and effusion across the wrist/forearm flexors was noted. A decrease in muscle tonicity was noted in the right thenar eminence, right hypothenar eminence and right extensors. Weakness of the right wrist flexors and extensors was noted (No quantification given). Joint mobilization, neuromuscular re-education, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. The therapeutic exercises included specific exercises to the right and left wrists and hands. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 07-23-02. ___ reported that her right wrist and elbow were symptomatic. She also reported that her right wrist pain was slightly less. Swelling and scar tissue hypertrophy were noted across the right wrist and elbow incision sites. Significant weakness of the right hand grip was noted by a hand dynamomter (No quantification given). Right wrist extensors present with a decrease in tonicity. Joint mobilization, manual traction, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application.

The therapeutic exercises included specific exercises to the right and left wrists and hands. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 07-24-02. ___ reported that her right elbow feels weak and painful. The swelling in the wrist and elbow are improving. Swelling and spasms were noted in the right wrist flexors. Mild decreased tonicity noted in the right thenar and hypothenar eminences noted. Right hand grip strength weakness was noted (No quantification noted). Joint mobilization, manual traction, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. The therapeutic exercises included specific exercises to the right and left wrists and hands. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 07-25-02. ___ reported that her right wrist and elbow are waking her up at night. The right wrist feels stronger. Reduced range of motion in the right wrist and elbows were noted (No quantification given). Spasms and effusion noted in the right wrist flexors. Weakness of the right flexors and extensors noted. Joint mobilization, manual traction, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. The therapeutic exercises included specific exercises to the right and left wrists and hands. Another monthly rental of an EMS unit was prescribed. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 07-26-02. ___ reported that her right elbow feels stronger. The right wrist and elbow are less symptomatic. Reduced wrist and elbow strength and endurance deficits were noted in the right wrist and elbow. Manual muscles testing and hand dynamometer testing displays weakness of the grip strength of the right hand (No quantification given). Decreased tonicity noted in the wrist extensors. Spasms and effusion noted in the right forearm flexors. Joint mobilization, manual traction, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. The therapeutic exercises included specific exercises to the right and left wrists and hands. Another monthly rental of an EMS unit was prescribed. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 07-29-02. ___ reported that her symptomatology was less. Decreased tonicity noted in the wrist extensors. Spasms and effusion noted in the right forearm flexors. Joint mobilization, neuromuscular re-education, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. The therapeutic exercises included specific exercises to the right and left wrists and hands. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 07-30-02. ___ reported that her elbow was stiff and painful. The wrist pain woke her up at night. Decreased tonicity noted in the wrist extensors. Spasms and effusion noted in the right forearm flexors. Matrix treatment program #42 for pain and edema was prescribed. Joint mobilization, neuromuscular re-education, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. The therapeutic exercises included specific exercises to the right and left wrists and hands. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 07-31-02. ___ reported that her symptomatology was improved. Effusion was noted across right wrist flexors. Deficits noted with respect to fine motor control. Muscle spasms were noted in the right wrist flexors. Manual muscle testing and hand dynamometer revealed decreased handgrip strength (No quantification noted). Joint mobilization, manual traction, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. The therapeutic exercises included specific exercises to the right and left wrists and hands. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 08-01-02. ___ reported that her right wrist pain improved but complained of spasms and pain in the right wrist and forearm. Spasms and effusion was noted across right wrist flexors. Decreased tonicity was noted in the thenar eminence and wrist extensors. Joint mobilization, manual traction, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. The therapeutic exercises included specific exercises to the right and left wrists and hands. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 08-02-02. ___ reported that her right wrist is painful, weak and stiff. Right elbow pain is improved. Spasms were noted across right wrist flexors. Matrix treatment program #49 for pain was prescribed. Decreased tonicity was noted in the thenar eminence and wrist extensors. Joint mobilization, manual traction, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. The therapeutic exercises included specific exercises to the right and left wrists and hands. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 08-06-02. ___ reported that her right elbow is less symptomatic. She reports spasms in right wrist and forearm. Manual muscle testing and hand dynamometer revealed decreased handgrip strength (No quantification noted). Spasms were noted across right wrist flexors. Decreased tonicity was noted in the thenar eminence and wrist extensors. Joint mobilization, neuromuscular re-education, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application.

The therapeutic exercises included specific exercises to the right and left wrists and hands. 2 sets of TENS pads were given. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 08-08-02. ___ reports that her right wrist and elbow feel stronger and her symptomatology is less. Manual muscles testing revealed weakness in the flexors and extensors of the right wrist. Digital palpation revealed decreased tonicity of the right wrist extensors. It is noted that ___ demonstrated increased muscle strength in the Assessment. Joint mobilization, neuromuscular re-education, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. The therapeutic exercises included specific exercises to the right and left wrists and hands. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 08-09-02. ___ reports that her symptomatology in the right arm and hand is less today. Decreased range of motion is noted in the right wrist and elbow. Decreased tonicity is noted in the wrist extensors. Spasms and effusion are noted in the wrist flexors. Weakness of right hand grip strength is noted using a hand dynamometer (No quantification given). It is noted that improvements are made in tonicity and range of motion of the right elbow but no comparison is made with actual numbers or previous exams. Joint mobilization, manual traction, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. The therapeutic exercises included specific exercises to the right and left wrists and hands. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 08-13-02. ___ reports that her symptomatology in the right arm and hand is less today as compared with the previous visit. Spasms and effusion are noted across the right wrist flexors. Difficulties are noted performing fine coordinated activities. A mild decrease in tonicity of the right thenar eminence is noted and right wrist extensors. Improvements are noted with respect to elbow flexion and pronation (No comparison with previous dates with quantification is noted). Joint mobilization, neuromuscular re-education, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. The therapeutic exercises included specific exercises to the right and left wrists and hands. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 08-15-02. ___ reports that her symptomatology in the right arm and hand is less today as compared with the previous visit. Tenderness, effusion, and muscles spasms are noted along the wrist flexors. Right thenar eminence is noted to have decreased tonicity. Decreased tonicity is noted across the wrist extensors. Mild effusion is noted along the right wrist and elbow surgical scars but it is noted that this is improved in the assessment portion. Improvements were noted in the grip strength using a hand dynamometer (No quantification given).

Joint mobilization, manual traction, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including “arctic ice” application. The therapeutic exercises included specific exercises to the right and left wrists and hands. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 08-16-02. It is noted that an established comprehensive physical examination was performed today. In the narrative portion of the visit today a comparison is noted for exams performed on 07-18-02 and 08-16-02 with respect to manual muscles testing that are rated a grade 4 on both dates. Dynamometer comparison indicated an increased from 5 lbs right grip strength to 14 lbs a improvement of 9 lbs in 4 weeks and 15 sessions of rehabilitation at 2 hours per session. Range of motion comparison is performed. It revealed improvements in wrist and elbow motion using an inclinometer. With respect to the neurological evaluation, a decreased DTR of the right brachiradialis and tricep was noted on 07-18-02 as compared to 08-16-02 where her brachialradialis DTR is now improved. Improvements in the C7 dermatome are noted. Jenkins reports that her symptomatology in the right arm and hand is less today and she is sleeping better. 12 additional postoperative rehabilitation treatment sessions are prescribed. Digital palpation revealed muscle spasms in the wrist flexors. Manual muscle testing revealed weakness in the right wrist flexors. Decreased tonicity is noted in the right thenar eminence along with the wrist extensors. Improvements are noted in the right wrist extensors and flexors and tonicity of the thenar eminence. Joint mobilization, manual traction, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including “arctic ice” application. The therapeutic exercises included specific exercises to the right and left wrists and hands. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 08-19-02. ___ reports that her symptomatology in the right arm and hand is less today as compared with the previous visit. Muscles spasms were noted in the right wrist flexors. Right elbow and wrist flexors are noted. Hand dynamometer evaluation noted improved right hand grip strength (No quantification is noted). A decreased tonicity of the right wrist extensors is noted. Improvements in muscles spasms are noted in the right wrist flexors and right elbow flexion. Joint mobilization, neuromuscular reeducation, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including “arctic ice” application. The therapeutic exercises included specific exercises to the right and left wrists and hands. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 08-20-02. ___ reports that her symptomatology in the right arm and hand is improved she still has problems with her activities of daily living. Palpation revealed spasms and effusion across the right wrist flexors. Matrix treatment #25 (prevention of disuse atrophy) was provided. Right wrist extensors and thenar eminence display decreased tonicity. Improved range of motion of the right wrist flexion and ulnar deviation is noted (no quantification noted).

Joint mobilization, neuromuscular reeducation, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. The therapeutic exercises included specific exercises to the right and left wrists and hands. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 08-22-02. ___ reports that her symptomatology in the right arm and hand is improved but she still has problems with her activities of daily living. Decreased tonicity of across the right wrist extensors is noted. Spasms and weakness of the right wrist flexors are noted. However, improved muscle strength of the right wrist flexors and extensors are noted (No quantification is noted). Joint mobilization, neuromuscular reeducation, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. The therapeutic exercises included specific exercises to the right and left wrists and hands. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 08-26-02. ___ reports that her symptomatology in the right arm and hand is improved. Spasms, weakness and effusion are noted across the wrist flexors. Weakness and decreased tonicity is noted with respect to the right wrist extensors. Difficulty with fine coordinated motor skills of the right wrist and elbow is indicated. Improved right elbow range of motion is noted (No quantification is noted). Joint mobilization, manual traction, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. The therapeutic exercises included specific exercises to the right and left wrists and hands. Another monthly rental of the EMS unit is prescribed. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 08-27-02. ___ reports that her symptomatology in the right arm and hand is improved but spasms are reported in the right forearm. Hand dynamometer revealed weakness of the right hand grip (No quantification given). Decreased tonicity is noted in the right wrist extensors but improved tonicity is noted in the assessment portion. Muscle spasms and effusion are noted in the right flexors. These increased objective findings are attributed to more difficult exercises. Joint mobilization, manual traction, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. The therapeutic exercises included specific exercises to the right and left wrists and hands. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 08-30-02. ___ reports that her symptomatology in the right arm and hand is improved. Decreased tonicity is noted in the right wrist extensors. Spasms and effusion are noted across the right wrist flexors. Improvements are noted with respects to the right wrist flexor and extensor strength (no quantification given). Joint mobilization, neuromuscular re-education, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application.

The therapeutic exercises included specific exercises to the right and left wrists and hands. 2 sets of “TENS” pads were given. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 09-04-02. ___ reports that her symptomatology in the right arm and hand is improved. Decreased tonicity is noted in the right wrist extensors. Weakness is noted in the right wrist extensors and flexors. Tenderness and effusion are noted across the right wrist flexors. Matrix program #47 (Intractable pain) was provided. Joint mobilization, manual traction, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including “arctic ice” application. The therapeutic exercises included specific exercises to the right and left wrists and hands. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 09-05-02. ___ reports that her symptomatology in the right arm and hand is improved. Restricted right wrist and elbow range of motion was noted. Muscle spasms were noted across the wrist extensors. Manual muscle testing and handgrip dynamometer testing revealed weak right hand grip strength (No quantification given). Joint mobilization, manual traction, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including “arctic ice” application. The therapeutic exercises included specific exercises to the right and left wrists and hands. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 09-06-02. ___ reports that her symptomatology in the right arm and hand is improved. Weakness of the right wrist flexors and extensors is noted. Decreased tonicity is noted in the right wrist extensors. Muscle spasms were noted in the right wrist flexors. Joint mobilization, neuromuscular reeducation, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including “arctic ice” application. The therapeutic exercises included specific exercises to the right and left wrists and hands. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 09-07-02. ___ reports that her symptomatology in the right arm and hand is improved but she experiences weakness. Right wrist and elbow strength and endurance deficits are noted (No quantification given). Effusion and muscle spasms of the right wrist flexors are noted. Decreased tonicity of the right wrist extensors and thenar eminence is detected. Joint mobilization, manual traction, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including “arctic ice” application. The therapeutic exercises included specific exercises to the right and left wrists and hands. 2 sets of TENS pads were given. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 09-11-02. ___ reports that her symptomatology in the right arm and hand is improved. Weakness of the right hand grip is noted via hand dynamometer (No quantification is noted). Matrix program #48 (Intractable Pain) was provided. Spasms and effusion of the right wrist flexors are noted. Decreased tonicity of the right wrist extensors and thenar eminence is detected. Joint mobilization, neuromuscular reeducation, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 09-13-02. ___ reports that her symptomatology in the right arm and hand is improved. Muscle spasms and weakness are noted in the right wrist flexors are detected. Decreased tonicity and weakness is noted in the right wrist extensors. Decreased tonicity is noted in the thenar eminence. Hand intrinsic muscular is noted to be normal. Handgrip dynamometric evaluation displays and improvement from 14 lbs on 08-16-02 to 28 lbs on 09-13-02. A net change was shown of 14 lbs in almost a month. Improved range of motion is noted in the wrist and elbow. Improvements are also noted in DTR's, dermatomes and orthopedic testing. Joint mobilization, neuromuscular reeducation, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 09-16-02. ___ reports that she has returned to work with restrictions. Spasms and effusion are noted in the right wrist flexors. Decreased tonicity is noted in both the right and left thenar eminences. Weaknesses is noted across the right and left upper extremities. Joint mobilization, neuromuscular reeducation, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application at an increased level of intensity. This documentation is consistent with the EOB for 09-16-02 with the exception of another month rental of the EMS unit is noted in the EOB for this date.

___ evaluated ___ on 09-18-02. ___ reports that her pain is worse due to the increased intensity of the rehabilitation program. Spasms and effusion are noted in the wrist flexors. Mildly decreased tonicity is noted with respect to her right wrist extensors. Increased strength is noted in the right upper extremity as noted by manual muscle testing and dynamometer evaluation. (No quantification given). Joint mobilization, manual traction, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. This documentation is consistent with the EOB for 09-18-02

___ evaluated ___ on 09-20-02. ___ reports that her pain is worse due to the increased intensity of the rehabilitation program but improved. Spasms and effusion are noted over the right wrist flexors. Hypotonic tissue integrity is noted over the thenar and hypothenar areas. Matrix protocol #25 was provided. Improvement is noted with respect to the increase in hypotonic tissue integrity of the thenar and hypothenar regions.

Joint mobilization, neuromuscular reeducation, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 09-23-02. ___ reports that she looks forward to being back at work full time. Mild hypoesthesia is noted via 2-point discrimination, light touch and pinwheel evaluation in the right upper extremity (No specific regions were given). Weakness is noted using a handgrip dynamometer and manual muscle testing. (No quantification given). Decreased spasms and joint effusion is noted in the right upper extremity. Joint mobilization, neuromuscular reeducation, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. No EOB was available to compare billings for this date of service in the documentation.

___ evaluated ___ on 09-25-02. ___ reports that her symptomatology is decreased. Spasms and effusion is noted across the right wrist flexors. Decreased tonicity is noted with respect to the right distal wrist extensors. Improved tonicity of the hypothenar and thenar regions is noted. Matrix treatment protocol #48 (contractible pain) was provided. Improved sensation is noted with respect to the C6 and C7 dermatomes. Joint mobilization, manual traction, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. A right and left elbow orthotic as well as a right and left wrist/hand orthotic was provided. This documentation is consistent with the EOB for 09-25-02.

___ evaluated ___ on 09-27-02. ___ reports that her symptomatology is decreased. Spasms and effusion is noted across the right wrist flexors. Decreased tonicity is noted with respect to the right distal wrist extensors. Matrix treatment protocol #42 (effusion) was provided. Effusion is noted in the right anterior wrist. Improved strength is noted measured by manual muscle testing and handgrip dynamometer testing (No quantification is given). Joint mobilization, neuromuscular reeducation, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. This documentation is consistent with the EOB for 09-27-02.

___ evaluated ___ on 09-30-02. ___ reports that her symptomatology is decreased. Improved active and passive ranges of motion are noted with respect to the right elbow and wrists. Joint mobilization, manual traction, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. This documentation is consistent with the EOB for 09-30-02.

___ evaluated ___ on 10-02-02. ___ reports that her symptomatology was increased. Spasms and effusion are noted in the right wrist flexors. Decreased tonicity is noted is the right wrist extensors. Mild hypotonic tissue integrity is noted across the thenar eminence. 2 more weeks of post-operative care is prescribed because of ___ inability to return back to full duty at work. Matrix protocols #42 (pain associated with effusion) and #25 (to address the hypotonic tissue integrity). Joint mobilization, neuromuscular reeducation, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. This documentation is consistent with the EOB for 10-02-02.

___ evaluated ___ on 10-03-02. ___ reports that her symptomatology was increased. Improved range of motion of the right wrist and right elbow are noted. Spasms, effusion, and concentrated hypertonic tissue integrity are noted in the right wrist flexors. Improved sensation is noted in the C6 and C8 dermatomes. Matrix program #42 (pain associated with effusion) was provided to the patient. Joint mobilization, neuromuscular reeducation, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. This documentation is consistent with the EOB for 10-03-02.

___ evaluated ___ on 10-07-02. ___ reports that her symptomatology was decreased. Right wrist range of motion is restricted. The right elbow range of motion has improved (No quantification given). Muscle weakness are noted (No specific muscles mentioned). Decreased tonicity is noted in the right extensors. Improved hypotonic tissue integrity is noted. Joint mobilization, neuromuscular reeducation, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. 2 additional sets of pads were provided to the patient for her EMS unit. This documentation is consistent with the EOB for 10-07-02.

___ evaluated ___ on 10-09-02. ___ reports that her symptomatology was decreased. Sensory depravation across the right C6 and C7 dermatome is noted but is improved. Positive orthopedic testing is noted in the upper extremity (No specific tests were mentioned). Spasms and effusion are noted across the right wrist flexors. A mild decrease in tonicity is noted in the right extensors. The right thenar eminence presents with mild hypotonic tissue integrity. Joint mobilization, manual traction, myofascial release and manipulation of the wrist were performed. ___ also performed 6 units of Therapeutic exercise including "arctic ice" application. This documentation is consistent with the EOB for 10-09-02.

___ evaluated ___ on 10-11-02. ___ reports that her symptomatology was decreased. Weakness of the wrist extensors are noted but other upper extremity muscle testing revealed 5/5. Improvement of hand grip strength is noted from 28 lb to 42.5 lbs. A net change is noted of 14.5 lbs in a little less than one month.

Near normal right wrist and elbow range of motion is noted. DTR's are noted to be more responsive. C6 and C7 dermatomes display sensory alterations. ___ recommended transitional work time and return in one month for impairment rating to be performed. Additional 1 month rental of the EMS unit was recommended.

___, paper reviewer, reviewed the medical information on 10-21-02. Because ___ could not talk with ___ about this case it was recommended that no care was necessary.

___ was returned to work on 10-23-02 for 6 hours a day till 11-01-02.

___, paper reviewer, reviewed the reconsideration requested by ___ concerning the decision of ___. ___ apparently sent in further medical documentation demonstrating a diagnosis of carpal tunnel syndrome and cubital tunnel syndrome as well as surgical reports and SOAP notes. ___ recommended 18 visits of care post-operatively.

___ evaluated ___ on 11-12-02. He opined that she was at MMI and assigned her a 12% whole person partial impairment.

___ treatment summation dated 06-03-03 was reviewed. ___ required the 2 months of pre-operative care to see if surgical intervention was necessary. ___ required the initial 2 months of post-operative rehabilitation to qualify for restricted return to work. The remaining post-operative care enabled her to increase her abilities by increasing "levels of difficulty" of rehabilitation.

Letter from ___, clinical review specialist, dated 05-29-03 was reviewed. The insurance carrier states that ___ reported a repetitive stress disorder on ___ and received treatment by ___ for that injury. Treatment ceased for 3 months and resumed at which time diagnostic testing was performed. Ultimately ___ required surgery for her condition. 49 post-operative treatment sessions were provided.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits, myofascial release, joint mobilization, supplies, office visits with manipulations, kinetic activities, neuromuscular re-education, manual traction, EO double upright and WHO wrist extension

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

There is demonstrated failure to significantly respond completely to secondary rehabilitative care. No valid quantification is given relative to improvements in symptomatology or functional abilities given. The documentation cannot justify the extensive treatment provided. 40 two-hour rehabilitation sessions post surgery was not justified. No attempt in outcome assessments is noted in daily visits to quantify subjective complaints. No explanation was given on why this patient should fall outside the treatment parameters. No historical or physical finding was given on why the healing rate of this patient was decreased. The carrier's review following post surgical care is justified. 24 visits post surgical rehabilitative care (including office visits, myofascial release, joint mobilization, manual traction and kinetic activities) was appropriate for the documentation presented in this case. This opinion is validated by the Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters, Woodrow Millman Healthcare Management Guidelines and the TWCC Upper Extremity Guidelines.

Prior to surgery, a four-week conservative management treatment schedule is suggested by the Guidelines mentioned above. This would mean that in an uncomplicated case 12 visits would be reasonable. Failure to respond to this care should implicate other treatment options. This opinion is validated by the Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters, Woodrow Millman Healthcare Management Guidelines and the TWCC Upper Extremity Guidelines.

The elbow and wrist orthotics were given very late in the case. These devices are medically justified during initial care but not late in treatment. This is consistent with the treatment protocols by the Woodrow Millman Healthcare Management Guidelines.

The supply of 4 oz of "Arctic Ice" per visit is unjustified in the medical literature and excessive. Home use of this product is recommended but not at 4 oz per visit. An estimated total of 196 oz was provided to the patient over the course of treatment.

The progressive rental of the EMS unit is excessive. A one-month rental to see how the patient responds to the therapy should be provided and then selling the machine to the patient is reasonable according to the literature. Currently there are many EMS units on the market from $45 to $150. It is unclear which brand this machine was that was rented to ___. Electrodes and batteries can be provided to the patient at one time per month.

___ 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 ___, dba ___, 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.