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 <u>25th</u> 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

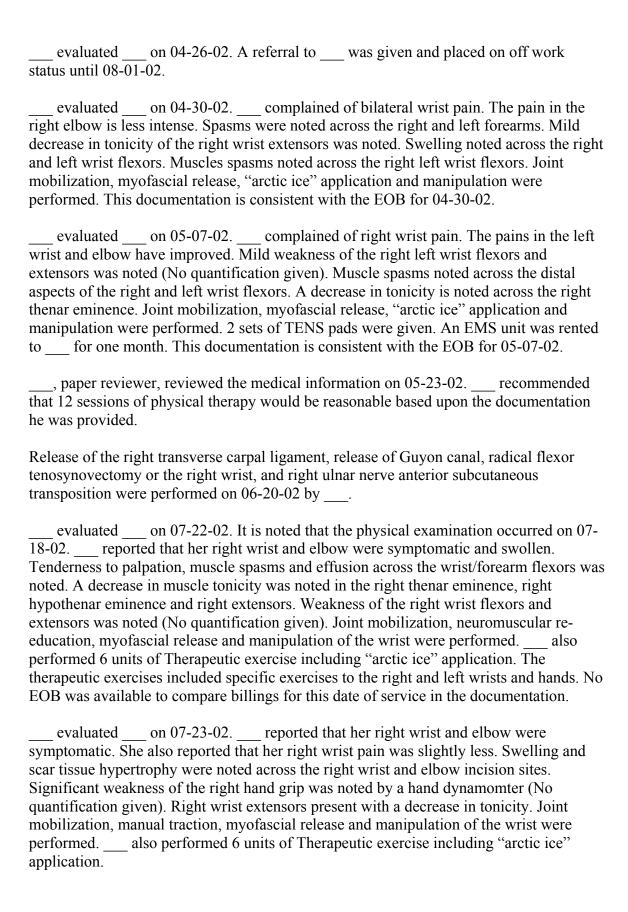
___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

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

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.

difficulty with ADL's. Spasms were noted across the right and left forearm flexors.



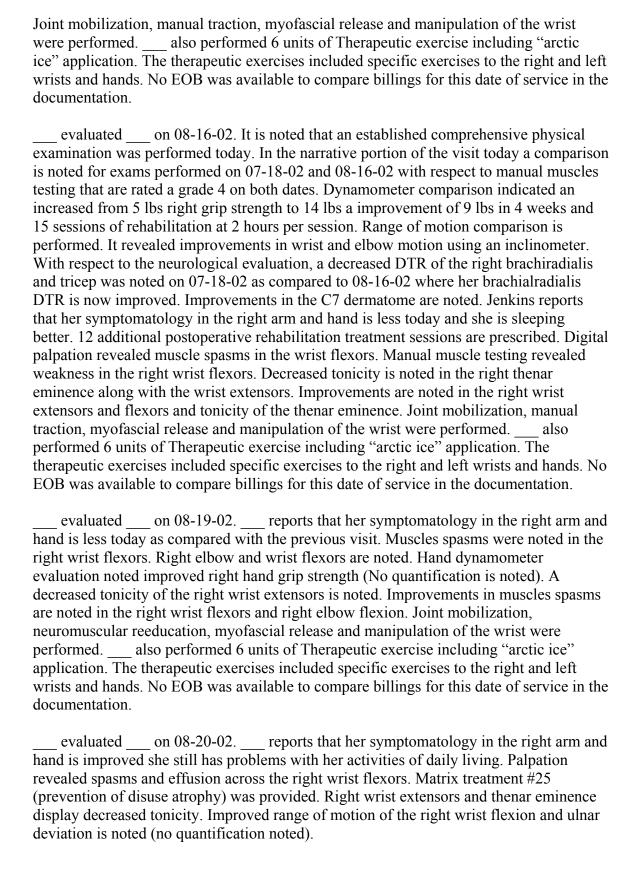
hands. No EOB was available to compare billings for this date of service in the documentation. evaluated on 07-24-02. reported that her right elbow feels weak and painful. The swelling in the wrist and elbow are improving. Swelling and spasms were noted in the right wrist flexors. Mild decreased tonicity 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.

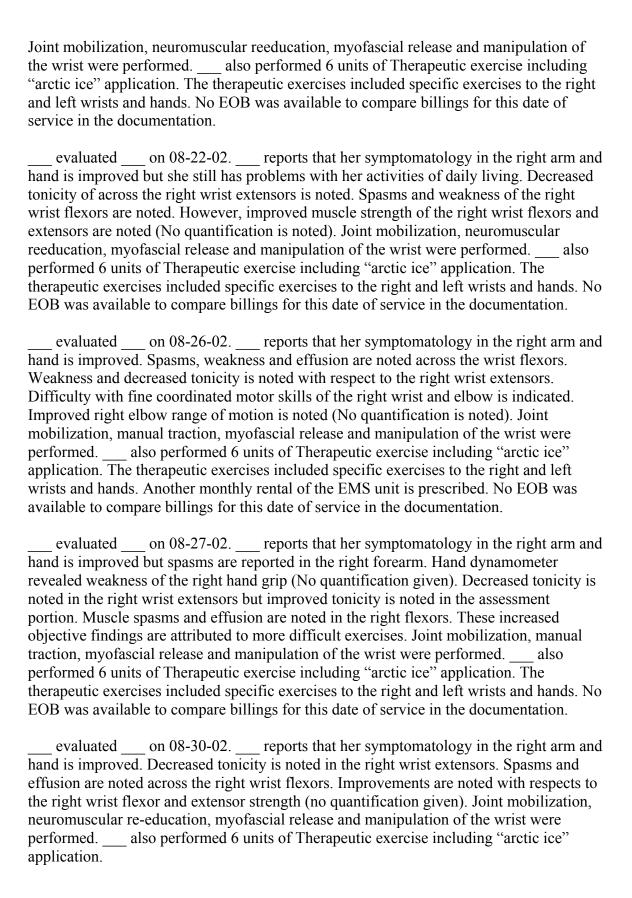
The therapeutic exercises included specific exercises to the right and left wrists and

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.	4
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.	

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).

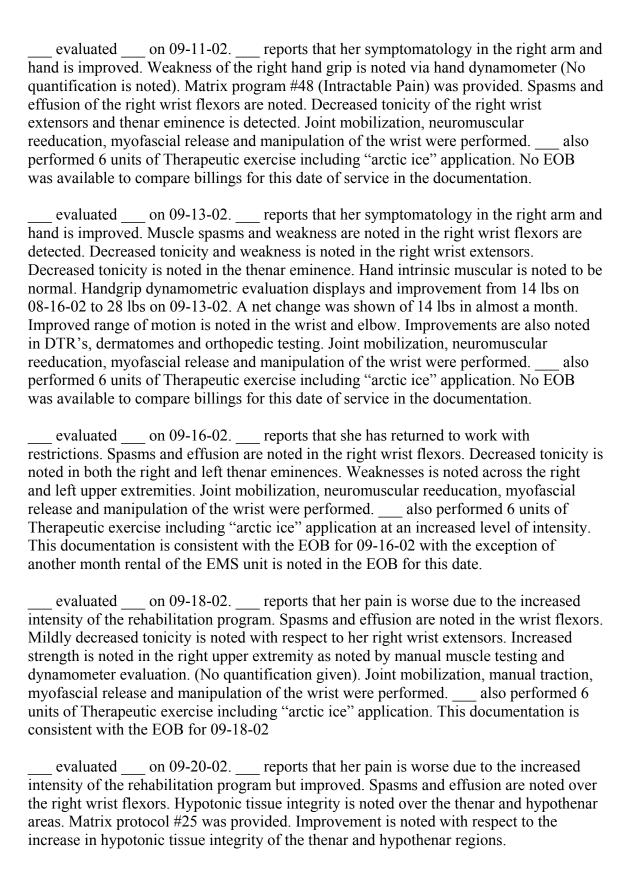
The therapeutic exercises included specific exercises to the right and left wrists and hands. 2 sets of TENS pads were given. No EOB was available to compare billings for

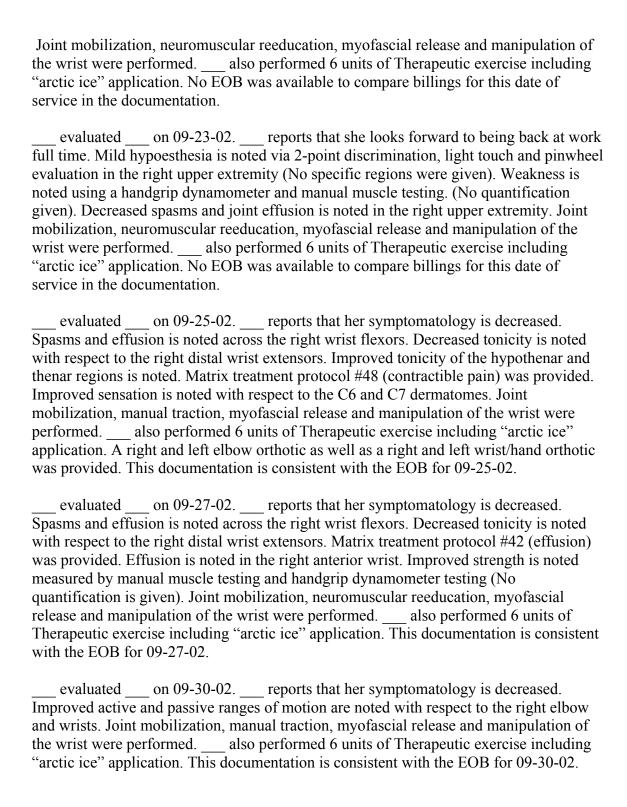


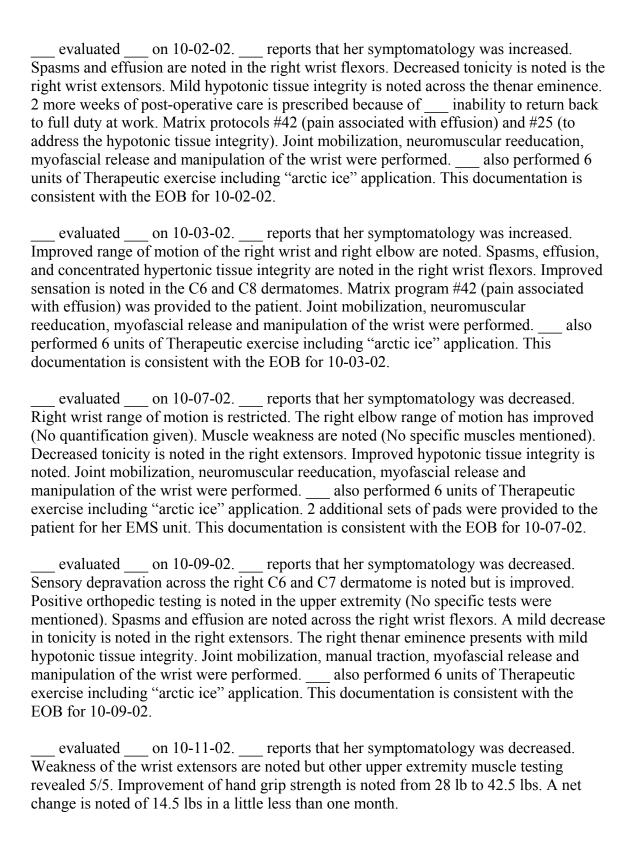


hands. 2 sets of "TENS" pads were given. No EOB was available to compare billings for this date of service in the documentation. evaluated on 09-04-02. reports that her symptomatology in the right arm and hand is improved. Decreased tonicity is noted in the right wrist extensors. Weakness is noted in 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.

The therapeutic exercises included specific exercises to the right and left wrists and







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.