

MDR Tracking Number: M5-03-2008-01

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, whirlpool, therapeutic exercises, electrical stimulation and spray & stretch 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 the office visits, whirlpool, therapeutic exercises, electrical stimulation and spray & stretch 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 11/13/02 to 12/19/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 24th day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

July 21, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-2008-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic Medicine.

Clinical History:

This 48-year-old male claimant suffered repetitive overuse injury to both wrists and hands in his work. His date of injury was _____. The claimant subsequently had six different surgical procedures to his hands, wrists, and fingers. The last procedure was a trigger finger release in his right hand on 07/23/02. He had extensive therapy and rehabilitation throughout this entire period, and following the last minor surgical procedure.

In the fourth month of treatment following the last surgical procedure, the patient was continuing to be seen at a frequency of at least three times per week. He had 18 treatments. Each visit included the services as listed below.

Disputed Services:

Office visits, whirlpool, therapeutic exercises, electrical stimulation, and Spray & Stretch during the period of 11/13/02 through 12/19/02.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the services rendered as stated above were not medically necessary in this case.

Rationale:

The continued application of the same passive and active procedures that had been administered to this patient since day one, at a frequency of three times per week, were excessive and not particularly effective. These dates of service occurred four months after the patient's last surgery, which is not early post-operative. Prior to these dates, the treating doctor had rendered sufficient treatment to bring the patient to MMI. The same procedures were applied over and over, with no reduction in frequency and no significant change in the patient's condition. The patient's increased pain level was due to an infection and not the musculoskeletal condition being treated.

All chiropractic care guidelines, including the Mercy Guidelines, the Canadian Glenarin Guidelines, and Council on Chiropractic Practice, call for a shift from passive care to active care as soon as possible. A shift from passive care to active care, and a reduction in the frequency of office visits are called for, as well. There should be a shift in emphasis to patient's self-management through home stretching and exercises to reduce provider dependency.

I am the Secretary and General Counsel of _____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there

are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,