

MDR Tracking Number: M5-03-2013-01

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, 2003 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 office visits, FCE, x-ray lumbar spine, x-ray right wrists, NCV studies (technical component), and H/F reflex study (technical component) were found to be medically necessary. The office visits with manipulation, myofascial release, joint mobilization, manual traction, therapeutic procedures, and somatosensory testing (technical component) were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visits, FCE, x-ray lumbar spine, x-ray right wrists, NCV studies (technical component), and H/F reflex study (technical component) charges.

This Finding and Decision is hereby issued this 10<sup>th</sup> day of July 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

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 5/7/02 through 1/24/03 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 10<sup>th</sup> day of July 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/cl

July 1, 2003

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IRO Certificate #: IRO4326

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians 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 this case.

### Clinical History

This patient received a repetitive injury, due to frequent utilization of a jackhammer, on \_\_\_\_. He reported pain in the posterior neck region and the palmed wrist on the right. He saw a chiropractor for treatments and therapy. A cervical MRI from 04/04/02 was normal. The electromyography (EMG) and nerve conduction velocity (NCV) studies from 05/15/02 revealed distal sensory latency of median nerve greater on right indicative of median nerve injury.

### Requested Service(s)

Functional capacity evaluation (FCE), office visits, office visits with manipulation, myofascial release, joint mobilization, manual traction, therapeutic procedures, nerve conduction studies (technical component), x-ray spine, x-ray wrist, somatosensory testing (technical component), and H or F reflex study (technical component), from 05/07/02 through 01/24/03.

### Decision

It is determined that the office visits, functional capacity evaluation (FCE), x-ray lumbar spine, x-ray right wrist, nerve conduction velocity (NCV) studies (technical component), and H/F reflex study (technical component) were medically necessary to treat this patient's condition. However, it is determined that office visits with manipulation, myofascial release, joint mobilization, manual traction, therapeutic procedures, and somatosensory testing (technical component) were not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The patient was exposed to extreme rates of vibrational forces on any given day while working in construction utilizing a jackhammer for long periods of time. He had positive neurodiagnostics indicating right carpal tunnel syndrome which was concurred clinically by the orthopedic surgeon on 08/09/02 who advised surgical intervention.

After a 6-8 week course of physical therapy and chiropractic applications, an MRI, electrodiagnostic testing, and functional capacity evaluation (FCE) were ordered. At this time, it became apparent that the patient was in need of multidisciplinary treatment applications that included surgical referrals and/or return-to-work (RTW) programs like work hardening. Continued unidisciplinary therapeutics, the office visits with manipulation, myofascial release, joint mobilization, manual traction, therapeutic procedures, and somatosensory testing, were not appropriate treatments at this juncture.

It is vital to the proper management of this patient that the provider is allowed to implement functional/diagnostic testing that will allow the activation of certain treatment algorithms that may include surgical interventions or RTW programs. The utilization of somatosensory testing was not appropriate and the rationale for its implementation is not clear in the documentation reviewed. Therefore, it is determined that the office visits, functional capacity evaluation (FCE), x-ray lumbar spine, x-ray right wrist, nerve conduction velocity (NCV) studies (technical component), and H/F reflex study (technical component) were medically necessary. However, it is determined that office visits with manipulation, myofascial release, joint mobilization, manual traction, therapeutic procedures, and somatosensory testing (technical component) were not medically necessary.

The aforementioned information has been taken from the following guidelines of clinical practice and clinical references:

- *Clinical practice guidelines for chronic, non-malignant pain syndrome patients II: An evidence-based approach.* J Back Musculoskeletal Rehabil 1999 Jan 1;13;47-58.
- *Overview of implementation of outcome assessment case management in the clinical practice.* Washington State Chiropractic Association; 2001. p54.
- Practice parameter for electrodiagnostic studies in carpal tunnel syndrome. Neurology, 1993 Nov; 43 (1): 2404-5

Sincerely,