

MDR Tracking Number: M5-03-2053-01

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 and physical medicine were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these chiropractic treatments and physical medicine charges.

This Finding and Decision is hereby issued this 9th 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 4/24/02 through 11/8/02 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 9th day of July 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/crl

July 3, 2003

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___ 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.

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

This patient was injured on the job on ___ when she was working for ___ and was putting a large bag of dog food onto a cart when the bottom of the cart broke and trapped her hand, crushing it. Records indicate that there were numerous ligamentous and muscular tears of the right hand as well as causing a strain of the right shoulder and the cervical spine. She eventually underwent 2 carpal tunnel release procedures after which she began having intensified pain in the hand. She was eventually diagnosed with Complex Regional Pain Syndrome, which is known as Reflex Sympathetic Dystrophy. This patient underwent at least 4 Stellate Ganglion blocks which were not successful and also has taken extensive pharmacotherapy for the pain with minimal results, most notably from Norco and Tylenol #3 (which is describe in records as minimal relief, as well). Extensive anti-depression therapy has been implemented as well.

DISPUTED SERVICES

The carrier on this case has denied the medical necessity of chiropractic treatment and physical medicine from April 24, 2002 through November 14, 2002.

DECISION

The reviewer disagrees with the prior adverse determination

BASIS FOR THE DECISION

This patient clearly was not getting any form of pain relief of significance from the pharmacotherapy that was rendered. Apparently, it was simply getting her more dependent on drugs and causing her to become depressed. The depression is a frequent occurrence of both pain and drug dependence, of course. The treatment which was rendered by ___ was minimally effective, but the documentation shows that it was indeed more effective than the passive pharmacotherapy and with much less in the way of harmful effects, such as the depression. RSD, or CRPS, is a very difficult and frustrating syndrome to treat, but when advanced therapy does not work then the conservative therapy which IS working should be considered. I will also note that the 4 attempts at Stellate Ganglion blocks were highly unsuccessful, causing increased symptoms and pain from the neck to the hand. As a result, I would find that the physical medicine rendered was the most efficient care available for this patient and was reasonable and necessary for ___.

___ 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.

Sincerely,