

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 chiropractic services, office visits and physical therapy, 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 chiropractic service 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 9/3/02 to 9/16/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 11th day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division
CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

Date: July 9, 2003

RE: MDR Tracking #: M5-03-2232-01
IRO Certificate #: 5242

___ 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 proposed 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 Chiropractic physician reviewer. The Chiropractic physician reviewer 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

It appears the claimant was involved in what appears to be a repetitive stress injury type of situation while performing her normal and customary duties with ___ on ___. The claimant ended up undergoing a right sided carpal tunnel release surgery as well as a right long finger trigger finger release on 6/18/02. The claimant also underwent a right cubital tunnel release surgery or ulnar transposition surgery on 9/18/02. The claimant has been under chiropractic management and medical management after changing treating physicians to ___ on or about 3/19/02. Voluminous amounts of treatment notes were reviewed in preparation of this decision. The chiropractic documentation seems to reveal that the claimant has been diagnosed with cervical spine problems, thoracic spine problems, bilateral trigger finger problems, bilateral lateral epicondylitis problems, bilateral cubital tunnel syndrome and bilateral carpal tunnel syndrome.

Requested Service(s)

The chiropractic related services from 9/3/02 through 9/16/02.

Decision

I agree with the insurance carrier and find that the services in question are not medically necessary.

Rationale/Basis for Decision

There appears to be some confusion about the chiropractic services which were mainly in the form of physical therapy and the applicability of the physical therapy services in question to which medical procedure was performed. According to the chiropractic documentation that was submitted for review today regarding the above mentioned dates of service, the disputed dates of services were meant to be in conjunction with a post injection program that accompanied the 8/16/02 lateral epicondylitis injection that was rendered by a medical doctor. The second post injection physical therapy visit occurred on 9/3/02 which was 18 days post injection. However, by my count, the voluminous documentation provided for review today only contained about 3-4 physical therapy notes that directly pertained to the lateral epicondylitis post injection physical therapy program. The claimant was also about 12 visits into a post operative rehabilitation program for the carpal tunnel release and trigger finger release which was undertaken on 6/18/02. Perhaps herein lies the confusion because the 9/3/02 through 9/16/02 physical therapy notes pertain to the carpal tunnel and trigger finger post operative physical therapy, not the lateral epicondylitis post injection physical therapy. Perhaps there was an effort on the part of the provider or physical therapist to separate the physical therapy into 2 categories, one category being for the carpal tunnel release and trigger finger release post operative physical therapy and the other category being for the lateral epicondylitis post injection physical therapy. At any rate, since the alleged post lateral epicondylitis injection physical therapy was just beginning about 14-18 days post injection, the physical therapy would not be expected to be effective or even related to the lateral epicondylitis injection because post injection physical therapy typically loses its effectiveness within 2 weeks after the injection. It is imperative that post injection physical therapy begin almost immediately and really is not reasonable and customary beyond 2 weeks post injection in a majority of cases. This is not to say that ongoing physical therapy for the carpal tunnel and trigger finger surgeries would not be considered reasonable and medically necessary, it is just that the documentation provided by the provider documents that the disputed services were in reference to the lateral epicondylitis injection.

The overall documentation also reveals quite a quagmire since the claimant has been diagnosed with non-injury related cervical and thoracic spine problems as well as multiple trigger fingers and bilateral lateral epicondylitis, bilateral cubital tunnel syndrome and bilateral carpal tunnel syndrome. It is quite clear that not all of this can be injury related and the treatment has been expectedly and typically unnecessarily prolonged. It seems like every type of injection and surgery has been thrown at this claimant. I actually saw very little clinical exam evidence of lateral epicondylitis other than just general elbow tenderness. This claimant obviously had numerous upper extremity complaints that would likely mimic symptoms of lateral epicondylitis or cause generalized elbow pain. It is simply not reasonable or medically necessary to repeatedly inject a claimant at multiple locations and expect a quick recovery since it appears that the whole injection process was mainly a fishing expedition for a pain generator.