

MDR Tracking Number: M5-03-2276-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on 10-11-02.

The Medical Review 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 sterile whirlpool, phonophoresis and phonophoresis supplies, office visits, NCV studies, H&F reflex studies, somatosensory testing, required reports, and physical therapy sessions (therapeutic exercises, massage, joint mobilization) 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 Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 3-26-02 to 4-25-02 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 5th day of December 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division
DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

June 25, 2003

RE: MDR Tracking #: M5-03-2276-01
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. ___'s 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 was injured ___ while trying to stop a student from blocking the door outside of a classroom and was accidentally hit by the door on the right hand. She felt immediate pain in her right hand, wrist, forearm, and elbow. The patient has been under the care of a chiropractor for treatment and therapy. A right hand MRI from 01/09/02 revealed possible carpal tunnel syndrome and peritendonitis of the extensor tendons of the 3rd or 4th digits.

Requested Service(s)

Sterile whirlpool, physical therapy sessions, phonophoresis and phonophoresis supplies, office visits, nerve conduction velocity (NCV) studies including F-wave and H-reflex studies, somatosensory testing, and required reports from 03/26/02 through 04/25/02

Decision

It is determined that the sterile whirlpool, physical therapy sessions, phonophoresis and phonophoresis supplies, office visits, nerve conduction velocity (NCV) studies including F-wave and H-reflex studies, somatosensory testing, and required reports from 03/26/02 through 04/25/02 were not medically necessary to treat this patient.

Rationale/Basis for Decision

The patient's initial examination revealed normal peripheral sensory status in the upper extremity and normal reflexes. Muscle strength in the right wrist and forearm was reduced due to pain in the flexors and extensors. Grip strength was normal. The initial treatment plan dated 03/27/01 indicated that the patient was to be treated with therapeutic exercises, spray and stretch, stretching and strengthening exercises, phonophoresis, and electrical stimulation.

A review of the medical records revealed that the patient had been under the care of the chiropractor with essentially the same treatment plan for one year. The continuance of passive treatments, phonophoresis, joint mobilization, sterile whirlpool, and massage, over one year after the date on injury is not indicated. The therapeutic exercise sessions were not medically necessary, as muscle strength was documented as normal in the 03/19/02 interim evaluation report. The neurological examinations performed on both 03/27/01 and 03/19/02 were normal so the NCV study was not medically necessary. Likewise, the special reports were not indicated to care for this patient.

Haldeman et al indicate that the case history coupled with a discerning physical examination typically supplies most of the information necessary to make a diagnosis and determine a prognosis.

Instrumentation serves to confirm the differential diagnosis, assess the severity of a condition, or to monitor the progress from a pre-established baseline. Additionally, the information gained from the NCV-type studies may be used to evaluate the nerve trunk integrity as well as significant compression, or temporal dispersion from the entrapment or metabolic neuropathy (*Haldeman, S., Chapman-Smith, D., and Petersen, D., Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen, Gaithersburg, Maryland, 1993*).

Sincerely,