

MDR Tracking Number: M5-03-2452-01

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, joint mobilization, therapeutic exercises, physician travel, MRI of arm joint, myofascial release, sensory NCV and somatosensory testing reflex study 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, joint mobilization, therapeutic exercises, physician travel, MRI of arm joint, myofascial release, sensory NCV and somatosensory testing reflex study 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 7/18/02 to 8/13/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 6th day of August 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 29, 2003

Re: IRO Case # M5-03-2452-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a

claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 34-year-old male who was moving logs into a dumpster and a 2 x 4 hit his thumb. The patient was treated by an MD who noted that the patient, "struck his left thumb two days prior and purulent drainage along with blood came out from underneath the nail bed." The patient's primary complaints included left thumb swelling, pain tenderness and hematoma with upper extremity numbness, weakness and burning. The patient was then treated by the treating chiropractor.

Requested Service(s)

Office visits, joint mobilization, therapeutic exercises, physician travel, MRI of arm joint, myofascial release, sensory NCV, somatosensory testing, reflex study
7/18/02-8/13/02

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

Based on the reality of what had occurred to the patient's thumb: "crush injury" to the distal phalanx, I do not understand how the patient could undergo 18 hours and 45 minutes of rehab at a chiropractor's office for such an injury. As a chiropractor, it is my opinion that the patient should have been referred to a hand specialist and a licensed occupational therapist upon initial evaluation.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,