

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-04-0674.M5

MDR Tracking Number: M5-03-2713-01

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 (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 June 17, 2003.

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 data analysis, office visits, joint mobilization, myofascial release, range of motion testing, manual traction, therapeutic procedure, physical performance test 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 fees were the only fees involved in the medical dispute to be resolved. As the treatment data analysis, office visits, joint mobilization, myofascial release, range of motion testing, manual traction, therapeutic exercises, physical performance test were not found to be medically necessary, reimbursement for dates of service from 6/20/02 through 7/12/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 28th day of August 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

August 22, 2003

Re: IRO Case # M5-03-2713-01

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, Rule133.308 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 injured her right wrist on ___ while pulling work orders and taking boxes of clothes off racks. She presented to the treating chiropractor on 5/7/02. NCS, MRI, and x-ray evaluation was performed, and the patient was treated with medication, physical therapy and chiropractic treatment.

Requested Service(s)

Data analysis, office visits, joint mobilization, myofascial release, range of motion testing, manual traction, therapeutic procedure, physical performance test, muscle testing 6/20/02-7/12/02

Decision

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

Rationale

The patient had an extensive trial of conservative treatment prior to the dates in dispute without documented relief of symptoms or functional improvement. Subjective complaints and objective findings on 6/20/02 are identical to the patient's complaints and findings on

her initial visit with the treating chiropractor. As of 6/20/02 the patient was still being seen

four times a week, an indication that treatment was not being beneficial to the patient. As of 6/20/02, the patient still complained of soreness, tenderness, swelling, stiffness and numbness, as she did initially.

The treating chiropractor initially diagnosed the patient with median nerve neuritis and bursitis, and he stayed with that diagnosis even after MRI and NCV ruled out involvement of the median nerve.

In a report dated either 7/18/03 a physician noted that the patient denied any numbness or tingling in the finger tips. But on 7/11/02 the treating chiropractor noted that the patient had numbness of the hand and wrist. This suggests that the patient's complaints may not have been reliable.

The extensive protocol for a case of tendonitis appears from the records to have been over utilized, inappropriate and possibly iatrogenic for such a minor injury. The examining physician on 7/18/02 noted that the patient should have been splinted to reduce tension on the tendons of the wrist. It appears from the records that this should have been done initially, along with medications to reduce inflammation. Over utilization of treatment may have contributed to the chronicity of the recovery process. The disputed treatment was not reasonable or effective in relieving symptoms or improving function, and the documentation provided lacks objective, quantifiable findings to support the treatment.

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

Sincerely,