

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

SOAH DOCKET NO. 453-04-5984.M5

MDR Tracking Number: M5-03-2796-01

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 7-1-03. The requestor submitted a withdrawal letter for dates of service 1-2-02 through 6-30-02 since those dates were outside the one-year filing deadline.

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 team conference, myofascial release, therapeutic procedure, ultrasound, office visits, physical medicine treatment, spirometry, electrical stimulation, and hot/cold pack therapy from 7-1-02 through 2-6-03 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 medical necessity fees were the only fees involved in the medical dispute to be resolved. As the team conference, myofascial release, therapeutic procedure, ultrasound, office visits, physical medicine treatment, spirometry, electrical stimulation, and hot/cold pack therapy were not found to be medically necessary, reimbursement for dates of service from 7-1-02 to 2-6-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 14th day of April 2004.

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

IRO Certificate #4599

Amended NOTICE OF INDEPENDENT REVIEW DECISION

December 19, 2003

Re: IRO Case # M5-03-2796

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 physician who is Board Certified in Physical Medicine and Rehabilitation, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. 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 50-year-old female who was injured in ____. She reported pain in her wrist, arm and elbow, with numbness tingling and sharp, aching pain in the wrist and elbow bilaterally. The patient presented to the treating D.C. in April 2001. Eventually she had EMG/NCS of the upper extremity on 7/6/01, which was reportedly normal. After a repeat study, the patient was diagnosed with left carpal tunnel syndrome. The patient presented for orthopedic evaluation on 4/3/02.

Initially she was treated with anti inflammatories and wrist bracing. Surgery was recommended on 6/19/02 according to the records provided for this review. Physical medicine and chiropractic treatments continued for the subsequent seven months while the case was disputed by the carrier. The patient went on to have neuroplasty of the left median nerve and left ulnar nerve on 2/7/03.

Requested Service(s)

Team conference, myofascial release, therapeutic procedure, ultrasound, office visits, physical medicine treatments, spirometry, electrical stimulation, hot/cold pack therapy 7/1/02-2/6/03

Decision

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

Rational

The patient's onset of pain was in _____. According to the records provided for this review, she began seeing her treating D.C. in April 2001. The records provided for review indicate that the patient was treated with physical medicine, physical therapy and chiropractic treatments from 7/9/01 through 3/11/02. The patient was again started in physical therapy 7/1/02 and these treatments continued until 2/6/03. She underwent neuroplasty of the left median nerve and left ulnar nerve on 2/7/03. There is no evidence in the notes submitted for this review that this treatment was improving the patient's overall condition. She continued to have symptoms that seemed to temporarily improve with treatment, but which did not significantly improve during the course of treatment. No documentation was provided of any medical necessity for therapeutic physical medicine treatment one year after her physical therapy began. This treatment over a prolonged period of time was not medically necessary, and appears to have been excessive.

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