

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 July 9, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues: **prevailing** charges total \$300.00, **non-prevailing** charges total \$523.00. 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 was the only issue** to be resolved. All identified services for dates of service 7/10/02, 9/25/02, 10/1/02, 10/7/02, 10/9/02, and 10/11/02 **were not found to be medically necessary**. All identified services for dates of service 7/29/02, 9/4/02, 9/30/02, and 10/31/02 **were found to be medically necessary**. The respondent raised no other reasons for denying reimbursement of the therapeutic exercises, group therapeutic procedures, aquatic therapy; hot/cold packs and office visit charges.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this order. This Order is applicable to dates of service 7/29/02, 9/4/02, 9/30/02, and 10/31/02.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 16th day of September 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

NOTICE OF INDEPENDENT REVIEW DECISION

Date: August 26, 2003

RE: MDR Tracking #: M5-03-2841-01
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 has alleged that she has left carpal tunnel syndrome as a result of repetitive stress injury from her work as a customer service representative at ___. The claimant has been under chiropractic care with ___ since about 3/15/02. The initial chiropractic note of 3/15/02 does reveal the claimant sustained another work related injury on ___ when she slipped and fell; however, the services in dispute which are the subject of this particular IRO are related to the treatment and chiropractic management of the carpal tunnel syndrome problem of the claimant's left upper extremity as it relates to a ___ date of injury. The claimant did undergo electrodiagnostic work up and interestingly it was found that the electrodiagnostic studies revealed the claimant had mild left carpal tunnel syndrome and moderately severe right carpal tunnel syndrome. It was documented that the claimant, however, was asymptomatic on the right side. It is noted that the documentation suggested that the claimant filed a workers' compensation report of injury for injuries sustained to her left wrist based on the electrodiagnostic findings. It is also noted that there was little mention of the claimant's left sided carpal tunnel syndrome in the chiropractic report of 3/15/02. In fact, it was documented that the claimant's right sided grip strength was decreased to a 4/5 level compared to the left side which was reported as normal. I found this interesting because the claimant had allegedly just sustained an injury 2 weeks earlier to her left wrist as a result of repetitive injury. The initial chiropractic report of 3/15/02 also revealed there to be very little clinical evidence of carpal tunnel syndrome on the left. A 5/22/02 chiropractic follow up, however, revealed there to suddenly be more clinical evidence of left sided carpal tunnel syndrome and the 6/26/02 follow up chiropractic report revealed the claimant was going to report a new claim as it pertained to the left sided carpal tunnel syndrome that was based on the electrodiagnostic results. At any rate, the claimant has undergone conservative chiropractic care and eventually underwent carpal tunnel release surgery on 11/7/02 and has continued to undergo extensive post operative physical therapy.

Requested Service(s)

The chiropractic related services to include office visits and various treatment modalities of the passive and active variety as well as billing for a TWCC-73 report that were rendered 7/10/02 through 10/31/02. My review of the billing records indicates that the claimant's insurance carrier was mainly billed for office visits only on 7/29/02, 9/25/02, 9/30/02 and 10/31/02. The claimant underwent some type of physical therapy modality treatment on the other dates in question. There appear to be a total of 10 dates in dispute.

Decision

I agree with the insurance carrier and find that the services rendered on 7/10/02, 9/25/02, 10/1/02, 10/7/02, 10/9/02, and 10/11/02 were not reasonable or medically necessary. I disagree with the carrier and find that the chiropractic services rendered and billed on 7/29/02, 9/4/02, 9/30/02, and 10/31/02 were reasonable and medically necessary.

Rationale/Basis for Decision

My rationale in support of the insurance carrier's position is that the 7/10/02 chiropractic physical therapy visit represented about the 17th visit of passive physical therapy modalities the claimant received. This amount of treatment of this particular variety would not be considered reasonable or medically necessary and the treatment rendered through that date would have been more than a reasonable trial of chiropractic care to determine if the chiropractic care was progressing the claimant's condition. It was well documented in the documentation that the claimant's left sided carpal tunnel syndrome continued to deteriorate and that would make further ongoing treatment not reasonable or medically necessary. I also feel that the active care which was mostly rendered in October 2002 was not reasonable or medically necessary as it was apparent the claimant's condition was not progressing and an active care program would not likely have progressed the claimant's condition as well. As far as my rationale in support of the chiropractic services of 7/29/02, 9/4/02, 9/30/02 and 10/31/02, I do feel that these office visits would be considered reasonable and medically necessary because it is the duty and responsibility of the treating physician to follow up with the claimant occasionally in order to coordinate care and monitor the claimant's condition. The claimant also received an injection on 8/8/02 and the 9/4/02 visit was the 6th visit out of 6 authorized visits of physical therapy for that injection and I would consider that reasonable and customary. The remaining visits of 7/29/02, 9/30/02 and 10/31/02 were, in my opinion, reasonable and necessary in order to coordinate care and monitor the claimant's condition as part of the responsible duties of the treating chiropractor.