

MDR Tracking Number: M5-03-2896-01

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 7-11-03.

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 office visits, therapeutic exercises, sterile whirlpool, electrical stimulation, ultrasound, spray and stretch, and massage 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 9-25-02 through 12-19-02 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 11th day of September 2003.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

DZT/dzt

#### NOTICE OF INDEPENDENT REVIEW DECISION

September 4, 2003

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE:            MDR Tracking #    M5-03-2896-01  
                  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. \_\_\_ 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 on \_\_\_ while carrying a box of plants. She slipped and fell, landing on her right hand. She underwent surgery to her right wrist on 02/03/99 and again on 03/28/99. An MRI dated 08/24/99 revealed a considerable amount of edema or cellulitis in the right wrist.

### Requested Service(s)

Office visits and physical therapy from 09/25/02 through 12/19/02

### Decision

It is determined that the office visits and physical therapy from 09/25/02 through 12/19/02 were not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The patient saw a chiropractor for evaluation and treatment on 07/30/99 and reported pain and numbness in her right hand. She was diagnosed with carpal tunnel syndrome and a wrist sprain. She began a course of treatment in July of 1999 that consisted of massage, aquatic therapy, stretching and strengthening exercises, whirlpool, spray and stretch, and joint mobilization. Electromyography and nerve conduction velocity studies dated 08/18/99 showed moderate bilateral carpal tunnel syndrome and proximal right ulnar motor neuropathy. A second upper extremity electrodiagnostic evaluation performed on 04/12/02, revealed evidence of median neuropathy at the right wrist. No evidence of ulnar nerve dysfunction was noted in the physical examination by the physician.

The treatments administered from 09/25/02 to 12/19/02 were not medically necessary. The doctor's records referred to the patient's ulnar nerve disorder as the objective evidence for treatment on six of the nine office visits in question, yet the second electrodiagnostic evaluation on 04/12/02 indicated that the patient did not have an ulnar nerve disorder.

The patient was tentatively diagnosed with an ulnar neuropathy on 08/21/99 but never was evaluated by the physician prior to his interpretation of the electrodiagnostic testing on 08/18/99. According to the position statement of the American Academy of Electrodiagnostic Medicine, the electrodiagnostic medicine (EDX) consultation is an extension of the neurological portion of the physical examination and requires detailed knowledge of the patient and his/her disease.

In the case of the nerve conduction velocity (NCV) studies and somatosensory evoked potential (SEP) testing, the physician need not be present in the room when the procedure is done but should be immediately available. The test results should not be considered reliable in light of the fact that the physician that interpreted the test was not present for the exam and did not perform a standard history and physical prior to the testing.

The treatment of the patient's carpal tunnel and wrist problems from 09/25/99 through 12/19/02 were the same or similar to treatments initially administered in 1999 and the continued use of passive physical therapy is not indicated with such disorders over the long term. The use of ultrasound in the treatment of the patient's condition is not indicated for the treatment of carpal tunnel syndrome. Ortaz et al investigated the overall effect of repeated ultrasound treatment in carpal tunnel syndrome (CTS). Eighteen women with diagnosis of CTS in 30 hands were studied. The study concluded that ultrasound therapy in CTS was comparable to placebo ultrasound in providing symptomatic relief, and the probability of a negative effect on motor nerve conduction needs to be considered (*Ortaz O, Turan B, Bora I, Karakaya MK., Ultrasound therapy effect in carpal tunnel syndrome. Arch Phys Med Rehabil 1998 Dec;79(12):1540-4.*

Weitbrecht et al conducted a prospective follow-up study of 97 patients operated on because of carpal tunnel syndrome to investigate postoperative use of physiotherapy. Postoperatively, 32 patients were treated at least 12 times and 65 patients were not treated with physical therapy. Physiotherapists postoperatively treated patients by activating joints of the fingers and hand. The patients were examined one day preoperative and on average of nine months postoperative. Complaints of the patients, local findings, measured strength, and electromyography were registered. The measured strength of the operated hand improved significantly less in patients treated with physical therapy compared to not treated patients. All other complaint and findings improved equally (*Weitbrecht WU, Schafer W, Walter A.. [Is physiotherapy useful following surgery for carpal tunnel syndrome?] Z Orthop Ihre Grenzgeb 1995 Sep-Oct;133(5):429-31.* Therefore, it is determined that the office visits and physical therapy from 09/25/02 through 12/19/02 were not medically necessary.

Sincerely,