

MDR Tracking Number: M5-03-3006-01

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 July 18, 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 therapeutic activities, joint mobilization, office visits w/MP, ultrasound, manual traction, myofascial release, prolonged services, special reports, electrical stimulation and hot or cold packs 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 therapeutic activities, joint mobilization, office visits w/MP, ultrasound, manual traction, myofascial release, prolonged services, special reports, electrical stimulation and hot or cold packs were not found to be medically necessary, reimbursement for dates of service from 7/29/02 through 10/21/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 8<sup>th</sup> day of October 2003.

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

NOTICE OF INDEPENDENT REVIEW DECISION

September 25, 2002

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

RE: MDR Tracking #: M5-03-3006-01  
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. \_\_\_'s 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 sustained injuries on \_\_\_ when she slipped and fell on the floor due to wax and water being present. Her injuries involved her left shoulder, wrist, and thumb and her right leg, hip, knee, and lower back. She saw a chiropractor for treatment and therapy. Testing results revealed a fracture and dislocation on the 1<sup>st</sup> proximal phalanx joint left hand, fluid present in the left dorsal radioulnar and dorsal intercarpal ligaments, right knee medial and lateral meniscal tears, a small disc bulge at L4-5, and cervical and lumbar spondylosis. Electromyography (EMG) and nerve conduction velocity (NCV) testing showed bilateral carpal tunnel syndrome and irritation to both cervical and lumbar nerve roots.

### Requested Service(s)

Therapeutic activities, joint mobilization, office visits with manipulation, ultrasound, manual traction, myofascial release, prolonged services, special reports, electrical stimulation, and hot or cold packs from 07/29/02 through 10/21/02

### Decision

It is determined that the therapeutic activities, joint mobilization, office visits with manipulation, ultrasound, manual traction, myofascial release, prolonged services, special reports, electrical stimulation, and hot or cold packs from 07/29/02 through 10/21/02 were not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

This patient was injured on \_\_\_ and chiropractic care was initiated on 05/30/02. The documentation is devoid of rationale for continuing chiropractic care and intervention beginning 07/29/02. Specifically, the documentation does not contain any regular objective measure of the patient's progress. A physical performance evaluation was conducted on 07/16/02. The report of this evaluation contains specific subjective and objective information of the patient status some six weeks after the inception of chiropractic care and 10 weeks post injury. There are no other follow-up or comparative examinations indicated in the documentation that would reveal the patient was achieving ongoing therapeutic gain from the chiropractic care or that objective progress was being obtained.

Most generally accepted standards of care suggest that a six week trial of care is indicated in injuries such as is depicted in the clinical information. With the revelation of complicating factors present in regards to positive MRI and electrodiagnostic findings, as much as eight to 12 weeks could possibly be

warranted. The need for on-going care, however, beyond the initial trial should be justified by objective indications within the documentation that the patient is satisfactorily responding to the course of chiropractic care. This rationale, in the form of comparative objective findings, is absent from this clinical file as reviewed. The need for ongoing passive care is not substantiated within the clinical supplied. Therefore, it is determined that the therapeutic activities, joint mobilization, office visits with manipulation, ultrasound, manual traction, myofascial release, prolonged services, special reports, electrical stimulation, and hot or cold packs from 07/29/02 through 10/21/02 were not medically necessary.

Sincerely,