

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 25, 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 office visits, special reports, myofascial release, therapeutic exercises, ultrasound 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 office visits, special reports, myofascial release, therapeutic exercises, ultrasound and hot or cold packs were not found to be medically necessary, reimbursement for dates of service from 7/29/02 through 10/4/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 30th day of September 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

NOTICE OF INDEPENDENT REVIEW DECISION

Date: September 24, 2003

RE: MDR Tracking #: M5-03-3077-01
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 that has ADL certification. 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

According to the supplied documentation, it appears that the claimant was injured at work on _____. She reports that while performing her normal duties, she injured herself, apparently from repetitive trauma. She sought care with a medical doctor, but reported to Dr. B later that day for evaluation. Dr. B felt the claimant had bilateral epicondylitis, moderate right carpal tunnel syndrome and right tunnel of Guyon syndrome. The claimant began therapy with Dr. B and was referred to several other physicians. The claimant underwent a plethora of care including cubital tunnel surgery, physical therapy, Botox injections, cervical epidural steroid injections, carpal tunnel surgery and was prescribed many medications. The treatment and evaluations have been ongoing from 08/07/2000 through 10/04/2002 and possibly beyond. The documentation ends here.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including office visits, special reports, myofascial release, therapeutic exercises, ultrasound, and hot or cold packs rendered between 07/29/2002 through 10/04/2002.

Decision

I agree with the insurance company that the services rendered between 07/79/2002 – 10/04/2002 were not medically necessary

Rationale/Basis for Decision

The supplied documentation showed that when the services in question were being rendered, the claimant was also under the care of a surgeon. Since the claimant was already seeing a physician on a regular basis, there is no indication for any additional evaluation and management from the treating chiropractor. The supplied notes show that in 2002, the claimant had exhausted all conservative methods of care and was a surgical candidate. The claimant was appropriately referred to a surgeon who was managing the claimant's case. Redundant evaluations by the chiropractor are not considered necessary. After the surgery was performed, the chiropractor began therapy on the claimant. The documentation from the surgeon did not release the claimant to therapy and he also reported on 09/12/2002 that he did not want any physical therapy performed at that time. Without approval from the surgeon, the remainder of the therapy in question is not considered medically necessary. All of the therapy in question appears without the consent of the referral surgeon and therefore is not deemed appropriate.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 24th day of September 2004.