

MDR Tracking Number: M5-03-3301-01

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. This dispute was received on August 15, 2003.

The IRO reviewed joint mobilization, office visits, myofascial release, manual traction, therapeutic exercises (procedure) and therapeutic activities rendered from 05-06-03 through 06-06-03 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for joint mobilization, office visits, myofascial release, manual traction, therapeutic exercises (procedure) and therapeutic activities. Consequently, the requestor is not owed a refund of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On November 12, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
05/21/03	97110 (2 units)	\$70.00	0.00	No EOB	35.00 per unit= \$70.00	MFG MGR (I)(A)(9)(b)	Soap notes were not submitted to support services rendered. No reimbursement recommended.
05/21/03	97530 (2 units)	\$70.00	0.00	No EOB	35.00 per unit= \$70.00	MFG, MRG (I) (11) (b)	
TOTAL		\$140.00					

This Decision is hereby issued this 31st day of December 2003.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

November 6, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ was injured on ___ when he was reaching for a box and slipped, falling on his outstretched left upper extremity. He suffered an immediate onset of pain in the left wrist region. The pain in the hand is complicated by numbness and paraesthesia, according to the records of the attending doctors. He was treated with conservative care by ___ to include active and passive modalities and chiropractic care. Records included with this package are both billing records and treatment records which indicate an extensive treatment plan over a year after the injury. Examination by ___, a hand specialist, demonstrated non-specific findings of "wrist pain-etiology unclear" with a wait-and-see approach to consideration of steroid injections. Neither MRI or EMG testing was performed on this patient.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits, joint mobilization, myofascial release, manual traction, therapeutic exercises and therapeutic activities from May 6, 2003 through June 6, 2003.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The reviewer finds no documented medical necessity for ongoing physical medicine on this case a full year after the onset of what apparently is a wrist sprain. "Apparent" is an operative word in this case, as there has been no diagnostic evidence produced to indicate that there is a more serious pathology on this case. Even the hand specialist on the case is at a loss as to the diagnosis. Certainly, if this patient has an unstable wrist it would be inappropriate to perform joint mobilization, combined with chiropractic manipulation and treat that same injury with traction. I am unaware of any manual traction therapy that is appropriate for the injury described in this case. The care rendered was neither reasonable nor necessary and would not meet a standard of care consistent with the intent of reasonable clinical protocol.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,