

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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.

Prior to this Decision and Order, the IRO's decision was incorrectly distributed directly to the parties with appeal rights. On 2/15/02, the IRO communicated to the parties that their receipt of the IRO decision represented only one component of the medical dispute. Consequently, the Commission's receipt of the respondent's appeal on 2/19/02, prior to the date of the Decision and Order in this medical dispute, was premature.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §413.031(i) of the Texas Labor Code and Rule 133.308(q)(9), the Commission hereby orders the respondent, the non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

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. The work hardening program was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these work hardening charges.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the TLC, 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 6/25/01 through 8/3/01 in this dispute.

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 1st day of March 2002.

David R. Martinez
Manager of Medical Dispute Resolution
Medical Review Division

DRM/pl

February 8, 2002

Texas Workers' Compensation Commission
David R. Martinez, Chief
Medical Dispute Resolution
4000 South IH-35, MS 40
Austin, TX 78704-7491

Attention: Dee Torres

Re: Medical Dispute Resolution
MDR #: M5-02-1882-01
TWCC File #:
Injured Employee:
DOI: SS#:
IRO Certificate No.:

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by Doctor of Chiropractic Medicine.

THE REVIEWER OF THIS CASE DISAGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted.

Secretary & General Counsel

MEDICAL CASE REVIEW

This is ___, D.C. for ___. I have reviewed the medical information forwarded to me concerning Case File #M5-02-1882-01, in the area of Chiropractic. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. TWCC Letter of Assignment for IRO, dated 01/23/02, one page.
2. TWCC-60 ___, two pages.
3. Letter from ___, dated 01/31/02, two pages.
4. TWCC-21, dated 05/08/02.
5. ___ patient demographic/tracker sheet, dated 04/09/01, one page.
6. ___ diagnosis and treatment sheets, dated 04/09/01 through 11/11/01, four pages.
7. ___ attending doctor recommendation sheets, dated 04/09/01, 05/04/01, 05/22/01, and 08/30/01, four pages.
8. ___ musculoskeletal examination, dated 04/19/01, three pages.

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9. ___ personal history, dated 04/09/01, two pages.
10. Re-examination musculoskeletal forms, dated 05/04/01, two pages; 05/22/01, two pages; and 08/30/01, two pages.
11. ___ patient satisfaction survey, written in Spanish, dated 05/22/01 and dated 08/30/01, two pages.
12. ___ Radiology report, dated 04/12/01, for x-rays taken of both wrists and the lumbar spine, dated 04/09/01, two pages.
13. ___ MRI report, dated 04/13/01, three pages.
14. ___, Initial Functional Capacity Evaluation, dated 06/19/01, nine pages.
15. Final Functional Capacity Evaluation, dated 08/01/01, ten pages.
16. ___ daily SOAP notes from 04/10/01 through 11/27/01, 61 pages.
17. ___ exercise sheets, wrist range of motion and lumbar spine range of motion, 13 pages.
18. ___ nerve conduction study of the lower extremity on 06/11/01, six pages.
19. ___ prescription for ___, dated 06/25/01.
20. ___ psychology group notes for 06/26/01, 07/03/01, 07/10/01, 07/17/01, 07/24/01, and 07/31/01, six pages.
21. TWCC-73, from ___, D.C., dated 08/22/01.
22. ___ case management weekly summary review, work hardening, six pages, dated 06/29/01, 07/06/01, 07/13/01, 07/20/01, 07/27/01, and 08/03/01.
23. ___ daily notes, six pages.

The documents NOT included for review:

1. Table of disputed services, TWCC-60 A/B.
2. Billing statements.
3. Explanation of payment or denial of benefits.
4. ___ E.R. notes.
5. Orthopedic notes concerning injections.
6. Orthopedic notes concerning carpal tunnel release surgery.
7. Impairment rating.

B. SUMMARY OF EVENTS:

M___ sustained a work-related injury on ___. The patient was pushing a 315-pound rail, with resultant injuries to his hands, wrist, and lower back. The employee was later taken to ___ emergency room where he was seen and provided with wrist splints.

On ___, the patient presented himself to ___ where he saw ___, D.C. While there, he was examined and x-rayed. X-rays included the lumbar spine and both wrists. The lumbar spine x-rays revealed postural alterations. The wrist x-rays were unremarkable. Dr. ___ diagnosed the patient with wrist sprain 842, 854.0??, 722.01 lumbar IVD without myelopathy, 847.2 lumbar sprain/strain.

Treatment began on 04/09/01 which included traction, heat, cold, electrical stimulation, manual therapy, and range of motion exercises.

An MRI of both wrists was performed on 04/13/01 which showed carpal tunnel syndrome bilaterally. Nerve conduction studies of the lower extremities which were performed on 06/11/01 were found to be unremarkable.

Work hardening began on 06/25/01 and ended on 08/03/01. Carpal tunnel release surgery was performed on the right wrist on 08/14/01. Carpal tunnel release surgery was performed on the left wrist on 10/16/01.

C. OPINION:

I DISAGREE WITH THE DETERMINATION OF THE UTILIZATION REVIEW AGENT EXPRESSED IN THE LETTER FROM ___ DATED 01/31/02.

Following conversations with TWCC and ___, I have been specifically requested to comment on the medical necessity of ___ treatments with regard to wrist injuries.

Upon comparison of the initial functional capacity evaluation of 06/19/01 and the final functional capacity evaluation of 08/01/01, this patient exhibited increased grip strength on the left from an average grip strength of 44.9 pounds to 73.9 pounds, and on the right from 56.2 pounds to 83 pounds. Right extension range of motion increased from 57% of normal to 100%.

Work hardening at ___ lasted from 06/25/01 to 08/03/01, and thus, appeared to be successful in increasing wrist range of motion and increased grip strength, apparently.

Apparently, following this course of work hardening, the treating physician felt that the patient had not reached MMI status, but also felt that additional work hardening would not be helpful. Thus, the treating physician referred the patient for Orthopedic evaluation and carpal tunnel release surgery.

Upper Extremity Treatment Guidelines (Rule 134.1002), adopted 02/01/96, (g) Surgical Indications. Indications for surgery include, but are not limited to, the following list:

- (4) Upper Extremities.
 - (A) Neuropathy.
 - (i) Indications for surgery in CTS. Indications for surgery include but are not limited to:
 - (I) Failure to respond to non-operative treatment;
 - (ii) General indications. Indications for surgery include, but are not limited to...physical findings and symptoms that are persistent despite conservative management.

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D. ADDITIONAL COMMENTS:

No physician or reviewer can pre-determine the outcome of any care, until the care has been tried. Conservative non-invasive care is always more desirable as the first care of choice rather than invasive surgical care. In this case, beginning a trial of work hardening was appropriate conservative management of the carpal tunnel syndrome. However, because the results were not as complete as desired, the treating physician referred the patient to an Orthopedic surgeon for surgical release.

E. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

_____, D.C., D.C.C.C., D.A.A.P.M.

Date: 6 February 2002