

MDR Tracking Number: M5-02-3127-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The requestor submitted a medical dispute resolution request on 8/6/02 and was received in the Medical Dispute Resolution on 8/8/02. The disputed date of service 7/31/01 is not within the one year jurisdiction in accordance with Rule 133.308(e)(1) and will be excluded from this Finding and Decision.

The remaining dates of service that would apply to the fee guideline were withdrawn by the requestor on 12/30/02.

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 office visits with manipulations, therapeutic activities/treatments, special reports/analysis and radiology exam 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 office visits with manipulations, therapeutic activities/treatments, special reports/analysis and radiology exam fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 8/7/01 to 6/12/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 2nd day of January 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

November 25, 2002

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
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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 ___ 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

Based on the information provided, this patient appears to report injuries to his right upper extremity from a work-related incident that occurred ___. He was seen initially at ___ on or about 5/11/00 (no initial medical records of this were available to the reviewer). He was referred for orthopedic evaluation and on or about 5/26/00 he saw ___ who ordered an MRI and additional x-rays of the patient's right shoulder. ___ ordered cortisone injections and recommended arthroscopic surgery of the right shoulder.

Available EOBs suggest that this patient began seeing ___ on or about 6/12/00. No other records of initial chiropractic evaluations or treatments are submitted until 7/31/01. This patient also sees ___ for surgical consultation on or about 6/12/00. Again, none of these initial medical records are submitted for review. Reasonable post-surgical rehabilitation was estimated at approximately four weeks.

The patient appears to continue with chiropractic for passive therapy, durable medical equipment and unlisted modalities through 2000, 2001 and 2002. EMG studies were performed by ___ in 2000. He was seen by orthopedic surgeons, ___ and ___ also in 2000, both recommending surgical correction of shoulder injuries. A right elbow MRI was ordered in January of 2001. The patient is seen again by ___ in January and February of 2001 for shoulder and elbow conditions. EMG studies were performed by ___ in March of 2001. A designated doctor evaluation was made with ___ in May of 2001. The patient was not found at MMI at that time. Surgery and post-operative rehabilitation were recommended.

Some limited chiropractic notes are available from 7/31/01 to 10/1/02, but these are unsigned and appear to provide little clinical information other than subjective findings.

No treating chiropractor evaluations are submitted until 10/21/01, but these are largely fill-in forms indicating only positive or negative orthopedic maneuvers. No clinical correlation of these findings is submitted for review.

A chart note is submitted 7/21/01 from ___ indicating that the patient underwent surgical correction of shoulder disorders with ___ in October of 2000. New findings of cervical radiculopathy are noted as well as carpal tunnel syndrome and triangular fibrocartilage ligament tear. Additional orthopedic evaluation is ordered with ___ and recommendations for cervical epidural injections. There is an 8/28/01 orthopedic report from ___ suggesting evidence of status post right shoulder arthroscopy, right elbow epicondylitis, possible tear of ulnar collateral ligament, possible right TFC tear and carpal tunnel syndrome.

An MRI of the right wrist was ordered, right epicondyle is injected and a brace is fitted. There is an MRI report for the right wrist submitted 9/10/01 suggesting instability of an old healed radial fracture and evidence of tenosynovitis. A follow-up with ___ on 9/24/01 suggests right intercarpal instability, right elbow epicondylitis and a possible right shoulder rotator cuff tear. Physical therapy is ordered at 3x per week, MRI of the right shoulder is ordered and the patient is referred to ___ for evaluation of wrist instability. Another follow-up with ___ is made 10/17/01 continuing non-specific physical therapy at 3x per week with recommendations for right wrist and elbow surgery, radial and carpal tunnel release. Another follow-up on 11/19/01 again continues medications and physical therapy with recommendations for surgery, repeat shoulder MRI and DISI evaluation by ___. The same recommendations are made again on 1/10/02. The patient sees a designated doctor, ___, again on 1/10/01, suggesting that the patient is still not at MMI and would benefit from elbow and wrist surgery.

The patient is seen by a hand surgeon, ___, on 1/20/02, hand x-ray and should MRI appear to be ordered as well as surgical release of the radial and cubital tunnel with re-insertion of extensor muscles for repair of lateral epicondylitis. A plain film x-ray from 2/14/02 is found without any evidence of significant abnormality. Follow-up with ___ on 1/30/01 suggests that the patient is failing conservative therapy and again suggests surgical correction. A review of EMG and repeat x-rays is also requested. Follow-up with ___ on 2/8/02 reveals no evidence of carpal tunnel syndrome. He does indicate that post-injury immobility and chronic inflammation will require surgical correction at the radial tunnel and lateral epicondyle, since this has been unresponsive to adequate conservative treatment. He also indicates that wrist arthroscopy is indicated to evaluate interosseous ligaments. Another medical evaluation is made by ___ on 2/1/02 suggesting the patient proceed with upper extremity surgical corrections, continued physical therapy and cervical epidural steroid injections. Additional pain medications are also provided. A 3/15/02 follow-up is made with ___ again, suggesting that the patient has made little progress with chiropractic therapy and injections. Wrist and elbow symptoms have not changed and surgical correction is again suggested. No additional medical documentation is submitted for review.

This patient appears to continue with active and passive chiropractic modalities with little change in symptomology noted. Chiropractic progress notes continue through 5/24/02 suggesting that the patient receives mobilization, stretching, manual traction and neuromuscular re-education with no specific rationale for care provided. On at least one occasion, the patient appears to receive this treatment on the unaffected limb, left, arm, elbow, wrist, and shoulder (8/30/01). An operative report is submitted by ___ from 4/11/02 indicating that ulnar nerve transposition, radial tunnel release, wrist arthroscopy and lateral epicondylectomy were performed on this date. Undated retrospective report form ___ suggests that pre- and post-surgical therapy and rehabilitation were recommended by ___. No evidence of this is found in the documentation.

DISPUTED SERVICES

Under dispute are office visits with manipulations, office visits, therapeutic activities, application of modality, joint mobilization, special reports, analysis data, myofascial release and radiology exam for the dates 8/7/01-10/8/01 and 10/12/01, 10/19/01, 10/26/01, 11/2/01 through 1/17/02, 1/25/02 through 3/15/02, 5/7/02 through 5/24/02 and 6/5/02 through 6/12/02.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

Office visits / visits with manipulation:

Chiropractic progress notes appear to provide subjective findings, objective checklist of symptoms, treatment checklist of procedures provided and a checklist of Assessment/Goals. No other history, complexity or rationale for clinical decision-making is provided. Also, items checked as treatment or therapeutic activity do not appear to correspond to items billed, especially on dates where other modalities appear to be provided but not billed and in the example of 8/30/01 where the unaffected limb appears to be evaluated and treated. Finally, treatment progress notes do not say where, how and for what purpose these services are provided, or where and how he is manipulated. No specific, identifiable plan of care is provided and no frequency or duration of care is reported. Documentation does not support medical necessity for these services as submitted.

Therapeutic activities/exercises:

Therapeutic activities and therapeutic exercise services appear to be billed from 10/11/01 to 6/12/02 with multiple units of each. Corresponding chiropractic treatment/progress notes for these dates of service do not indicate where, how and for what purpose(s) these services are provided. No specific identifiable goals, number of repetitions or strength levels appear to be recorded. Documentation does not support medical necessity for these services as submitted.

Application of modality(s):

Electric stimulation (unattended); mechanical traction; ultrasound; manual traction and neuromuscular re-education services are billed between 10/12/01 and 6/12/02. Again, corresponding chiropractic progress and treatment notes for these dates of service do not indicate specifically where, how and for what purpose these services are provided. Based on diagnosis of epicondylitis and triangular fibrocartilage tear, mechanical traction and manual traction may be contraindicated for these disorders. Specifically, no direction is given for this from the treating surgeon. Also, passive modalities of this nature have shown no potential for progressive restoration of function for these conditions 1+ year post injury. Documentation does not support medical necessity for these services as submitted.

Joint mobilization and myofascial release:

Myofascial release and joint mobilization services are billed from 11/14/01 to 6/12/02. Again, corresponding chiropractic treatment and progress notes for these dates of service do not indicate specifically where, how and for what purpose these services are provided. In addition, working pre- and post-surgical diagnoses might render these services contraindicated without specific direction by the treating surgeon. Documentation does not support medical necessity for these services as submitted.

Special reports, analysis of data and radiology exam:

99080 Report services appear to correspond to 99214 musculoskeletal exam or re-exam dates of service. Unfortunately, these exam check list forms provide very little information regarding history, examination level, correlation of findings, patient progress or clinical decision making as required by AMA E&M definitions and TWCC Medical Fee Guidelines. Clinical utility of these is uncertain without corresponding narrative reporting explaining the rationale and basis for the examination and how it effects the ongoing treatment plan. Analysis of Data services appear to have no direct corresponding reference in chiropractic progress notes or periodic exam forms. Documentation does not support medical necessity for these services as submitted.

Unfortunately, this patient appears to have had a multitude of health care providers with little coordination of diagnostic or treatment activity. It would appear that some level of conservative therapeutic intervention, pre- and post-surgical management and rehabilitation would be appropriate if properly coordinated. It does not appear that ___ was in any way directly involved with the examination or treatment of this patient, as all corresponding documentation appears to be signed or performed by other chiropractors. Appropriate documentation of methods, treatment plans, clinical correlation of findings, coordination of diagnostic studies and specialty consultations would have served this patient more appropriately. Also, with largely surgical conditions of this nature, coordination of treatments with surgical specialty direction would be most appropriate. In addition, pre- and post-surgical therapy and management of this nature is best done by individuals with certified training in these specialties. Due diligence would require that a chiropractor managing this case should demonstrate appropriate clinical training, expertise and experience with conditions of this nature. Available information submitted for review does not support this level of due diligence.

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,