

MDR Tracking Number: M5-04-0126 -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 09-08-03.

The IRO reviewed range of motion measurements, office visits, therapeutic procedures, therapeutic activities, and function capacity evaluation rendered from 03-05-03 through 07-15-03 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 reviewed range of motion measurements, office visits, therapeutic procedures, therapeutic activities, and function capacity evaluation. 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 11-17-03, 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
02-14-03	99203	\$74.00	0.00	No EOB	\$74.00		Soap notes support delivery of service. Recommended Reimbursement \$74.00
TOTAL		\$74.00					The requestor is entitled to reimbursement of \$74.00

### ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 02-14-03 through 07-15-03 in this dispute.

This Decision is hereby issued this 9th day of March 2004.

Georgina Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

Enclosure: IRO Decision

## MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

### NOTICE OF INDEPENDENT REVIEW DETERMINATION

**REVISED 03/08/04**

TWCC Case Number:	
MDR Tracking Number:	M5-04-0126-01
Name of Patient:	_____
Name of URA/Payer:	Central Dallas Rehab
Name of Provider: (ER, Hospital, or Other Facility)	Central Dallas Rehab
Name of Physician: (Treating or Requesting)	Ted Krejci, DC

November 11, 2003

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: Texas Workers' Compensation Commission

#### CLINICAL HISTORY

Documentation available from the file suggests that this individual was injured at work on \_\_\_\_ when a box of Gatorade bottles apparently fell on her hand. She presented initially to a Dr. Michael Farrell at the recommendation of her employer. X-rays were obtained and found essentially normal. On 12/11/02 she was sent for orthopedic evaluation with Dr. Parcell Smith, who recommended a splint and off work status. There was an NCV study performed 01/20/03 suggesting mild median neuropathy consistent with carpal tunnel syndrome. The patient was managed conservatively under the care of Dr. Kenneth Dawber until 02/12/03 when she requested a change of treating doctors. She began seeing Dr. Crawford Sloan and Dr. Ted Krejci, a chiropractor on or about 02/12/03. A repeat NCV study was performed 03/19/03 suggesting essentially normal findings. Needle EMG studies also performed this day suggest mild right carpal tunnel syndrome from prolonged median sensory distal latency values with no evidence of cervical radiculopathy or plexopathy. The patient was referred for hand surgery consultation with Dr. David Zehr on 03/24/03 where steroid injections were recommended. These were not performed because of patient's current pregnancy. Chiropractic care and physical therapy modalities were continued with Dr. David Krejci and his associates. MRI of the right hand was performed 05/30/03 suggesting "crowding" of the flexor tendons within the carpal tunnel. No joint effusion, contusion or compression was visualized. There appears to have been multiple functional abilities evaluations performed by chiropractic office beginning 02/19/03 and continuing through 09/09/03. There also appears to be multiple temperature gradient studies performed on 02/19/03, 03/11/03, and 03/26/03 interpreted by chiropractor as suggesting cervical nerve root compression. These findings are not confirmed by any additional examinations. Daily chiropractic notes and examination reports appear to suggest a different date of injury at \_\_\_\_\_. Chiropractic SOAP notes submitted from 06/10/03 through

07/14/03 suggest that patient's conditions remain essentially unchanged at 5/10 with chiropractic passive modalities and up to four units of kinetic activities and four additional units of therapeutic exercise. A chiropractic FCE was apparently performed by another chiropractor, Dr. Lewis Cone, on or about 07/15/03. However, strength testing data submitted with this report suggest that functional tests were actually performed 07/03/99.

#### REQUESTED SERVICE(S)

Determine medical necessity for chiropractic services (office visits, range of motion measurements, therapeutic procedures, therapeutic activity, and functional capacity) fro the dates in dispute 06/10/03 thru 07/15/03.

#### DECISION

There is no evidence suggesting that chiropractic services performed from 06/10/03 through 07/15/03 were of any clinical benefit or were considered medically necessary for these conditions at 7+ months post injury.

#### RATIONALE/BASIS FOR DECISION:

Chiropractic documentation appears to place date of injury at \_\_\_ on many occasions, and appears to perform functional capacity evaluations on 07/03/99. This suggests services performed for conditions unrelated to \_\_\_ injury. In addition, this ongoing chiropractic treatment appears contrary to recommendations of orthopedic specialist and hand surgeon suggesting a more appropriate course of rest, splinting and steroid injections once pregnancy was completed. There is no evidence in the current literature that suggests this level of care, for unoperated, mild carpal tunnel conditions, at 7 months post injury.

1. Armstrong TJ, Chaffin DB: Carpal tunnel syndrome and selected attributes. J Occup Environ Med. 1979;21:481-486
2. Birkbeck MQ, Beer TC; Occupation in relation to the carpal tunnel syndrome, Rheumatol Rehab. 1975;14:218-221.
3. Slator, RR: Carpal tunnel Syndome: Current Concepts, J South Orthop Assoc., 1999;8(3)
4. Posch JL, Marcotte DR. Carpal tunnel syndrome: an analysis of 1,201 cases. Orthop Rev. 1976-5:25-35
5. Hadler NM: Illness in the workplace: the challenge of musculoskeletal sympstoms. J Hand Surg Am 10:451-456, 1985
6. Phalen GS. Neuropathy of the median nerve due to compression beneath the transverse carpal ligament. J Bone Joing Surg Am. 1930:32;109-112

7. Phalen GS. The carpal tunnel syndrome, Seventeen years' experience in diagnosis and treatment of 654 hands. J Bone Joint Surg Am. 1986; 8 211-228.
8. Phalen GS. The carpal tunnel syndrome. Clinical evaluation of 598 hands. Clin Orthop. 1972;83:29-40
9. Hadler NM, Illness in the workplace: the challenge of musculoskeletal symptoms. J Hand Surg Am. 1985; 10:451-456

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of the request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been by this office or the physician advisor concerning the above-mentioned claimant. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.

If I can be of additional assistance regarding this case or file, feel free to contact this office at your convenience.