

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION:**

SOAH DOCKET NO. 453-04-4480.M5

MDR Tracking Number: M5-04-1042-01

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. The dispute was received on 12-01-03.

The Medical Review 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 hot/cold pack therapy, electrical stimulation, therapeutic procedures, functional capacity evaluation, review of MMI/IR report, office visit, office visit with manipulation, injection of tendon/ligament/cyst, unclassified drugs, syringe with needle, elbow orthosis, special reports, durable medical equipment, therapeutic exercises, ultrasound therapy and myofascial release 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 Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 12-04-02 through 05-01-03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 23rd day of February 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

February 20, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

REVISED REPORT
Corrected Disputed Services

Re: MDR #: M5-04-1042-01
IRO Certificate No.: IRO 5055

___ 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.

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.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chronic Pain Management.

REVIEWER'S REPORT

Clinical History:

On ___, a work-related injury was reported by this claimant. The nature of the injury was by repetitive work injury mechanism. Primary complaint of left carpal tunnel syndrome and left lateral epicondylitis were evaluated and treated conservatively and later surgically. Extensive physical therapy and medical therapy were accomplished throughout the extent of the case. Little or no improvement in ongoing pain issues concerning the upper extremities continued. A significant psychological component of depression was suggested to be resultant from the claimant's work-related disability.

Disputed Services:

- Hot/cold pack therapy
- Electrical stimulation – unattended
- Therapeutic procedures
- Functional Capacity Evaluations
- Office visit – evaluation
- Office visits – evaluation – 15 min.
- Office visits with manipulation

Injection of tendon/ligament/cyst
Unclassified drugs
Syringe w/needle
Elbow orthosis – elastic
Special reports

Durable medical equipment
Therapeutic exercises
Ultrasound
Myofascial release
Review of MMI/IR report only

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were not medically necessary in this case.

Rationale:

Two and a half years after disclosure of work-related injuries, there is little discernible improvement in the claimant's disposition. In fact, substantial psychological issues, which do appear to be related and are resultant from the disability accompanied by that work-related injury, continue and possibly are a focal point of the problem. A cadre of physicians and healthcare professionals evaluated and treated the claimant over a lengthy period of time with procedures ranging from passive physical therapy through various injection therapies and multiple surgeries without substantial improvement. The likelihood that further medicalization of this case will affect a favorable outcome is slim. Indeed, at that point, it should have been evident near the end of the calendar year 2002. At that time, the claimant's case would have best been served by following previous recommendations of management of continued chronic pain issues, continued chronic pain problems, and associated depression and anxiety could more appropriately be managed within a comprehensive pain management program.

Sincerely,