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NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 9, 2004

MDR Tracking #: M5-04-1256-01
IRO Certificate #: 5242

FORTE has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to FORTE for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

FORTE has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians 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 this case.

Clinical History

This case involves a claimant who was injured while on-the-job on 09/__/02. Allegedly, the claimant injured his right elbow by striking it on a steel beam as he exited a truck. According to submitted documentation, the claimant was initially evaluated and treated by _____. on 09/27/02 at _____. _____ diagnosed lateral epicondylitis (726.32) and prescribed Naproxen and an ice pack. The claimant underwent approximately 4 sessions of PT over the following 4 weeks and was working with restrictions. The claimant began Chiropractic care under _____ on 10/23/02. _____ diagnosed the claimant with an elbow sprain/strain (841.9), brachial radiculitis (723.4), and chronic elbow tenosynovitis (727.09). An MRI of the right elbow was conducted on 11/12/02 with only early degenerative changes noted by the radiologist. _____ treated the claimant for 49 visits from 10/23/02 through 06/13/03 using various combinations of myofascial release, joint mobilization, electrical muscle stimulation, ultrasound, and hot/cold packs. Therapeutic exercises were conducted over 19 visits from 12/11/02 through 01/29/03. The claimant underwent a steroid injection to his right elbow on 05/10/03.

Requested Service(s)

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The medical necessity of office visits (99212), ultrasound (97035), electrical muscle stimulation (97014, 97032), hot/cold packs (97010), joint mobilization (97265), and an elastic brace with stays (L3700) rendered or supplied to the claimant from 02/14/03 through 06/13/03.

Decision

I agree with the insurance carrier that the services in dispute were not medically necessary.

Rationale/Basis for Decision

Office Visits (99212) - There is no evidence in the submitted documentation for dates of service 02/14/03 through 06/13/03 to show that this level of evaluation/management occurred. Also, there is no justification for repeating this level of evaluation/management for each of 10 sequential treatment sessions from 02/14/03 through 06/13/03.

Ultrasound - The submitted documentation contains no objective information to support or justify the frequency or the prolonged use of ultrasound beyond the initial phase of treatment (4 weeks post-injury).

Hot/Cold Packs - The submitted documentation contains no objective information to support or justify the frequency or the prolonged use of hot/cold packs. This modality is typically only used during the initial phase (4 weeks post-injury) of treatment.

Joint Mobilization - The submitted documentation contains no objective information to support or justify the frequency or prolonged use of joint mobilization beyond 11/23/02 (eight weeks post-injury).

Elastic Brace with Stays - By current and accepted standards of care, orthopedic braces are utilized during the acute phase of treatment (4 weeks post-injury) when immobilization of a particular motion segment is desired to prevent further injury and allow healing to occur. Orthopedic braces can also be used for treating chronic articular instabilities. The orthopedic brace in this case was not prescribed for the claimant until 7 months into care. By this time, the claimant's condition had become chronic, yet the submitted documentation does not identify that the claimant had any instability of the right elbow.