

MDR Tracking Number: M5-04-1383-01

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 (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 January 16, 2004.

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 the work hardening (initial and additional hours), physical performance test, and office visit 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 fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 05-13-03 to 06-03-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 29th day of March 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

March 25, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-04-1383-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement.

The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 41 year-old female who sustained a work related injury on ____. The patient reported that while at work she began to experience pain in her left arm that radiates up to the neck. An electrodiagnostic medicine laboratory report dated 3/20/02 indicated a diagnosis of right carpal tunnel syndrome. On 6/26/02 the patient underwent a CT scan of the wrists that indicated bowing of the carpal tunnel on the right to the upper limit of normal of 15%, and clinical correlation to exclude carpal tunnel syndrome was recommended. On 10/14/02 the patient underwent a carpal ligament decompression and reconstruction of the left wrist for diagnoses for left carpal tunnel syndrome of the left hand. The patient began follow up chiropractic care on 1/31/03 followed by a work hardening program.

Requested Services

Work hardening (initial & additional hours), physical performance test, and office visit from 5/13/03 through 6/3/03.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this case concerns a 41 year-old female who sustained a work related injury to her left arm and neck on ____. The ___ chiropractor reviewer also noted that on 10/14/02 the patient underwent a carpal ligament decompression and reconstruction of the left wrist for diagnoses of left carpal tunnel syndrome of the left hand. The ___ chiropractor reviewer further noted that postoperatively the patient was treated with active rehabilitation. The ___ chiropractor reviewer indicated that on 2/28/03 the patient was showing improvement from the use of post surgical active rehabilitation. The ___ chiropractor reviewer explained that the Guidelines would indicate that the patient should continue with therapies that are working to help the patient reach maximum medical improvement. However, the ___ chiropractor reviewer indicated that the use of work hardening, physical performance testing, and office visits from 5/13/03 to 6/3/03 would be beyond what would be considered reasonable and necessary treatment. Therefore, the ___ chiropractor consultant concluded that the Work hardening (initial & additional hours), physical performance test, and office visit from 5/13/03 through 6/3/03 were not medically necessary to treat this patient's condition.

Sincerely,