

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING  
IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-04-6623.M5**

MDR Tracking Number: M5-04-1789-01

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 2-19-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. 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 was the only issue** to be resolved. The office visits dated 4/14/03; 5/14/03, 6/09/03, 8/04/03 (max 99213), and 10/02/03 **were found** to be medically necessary. The remaining office visits, myofascial release, therapeutic exercises, joint mobilization, unlisted modality, and manual therapy from 4/14/03 through 10/02/03 **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay 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 Order is applicable to office visits on dates of service 4/14/03, 5/14/03, 6/09/03, 8/04/03 (max 99213), and 10/02/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 10<sup>th</sup> day of May 2004.

Regina Cleave  
Medical Dispute Resolution Officer  
Medical Review Division

RC/rc

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** April 28, 2004

**RE:**

**MDR Tracking #:** M5-04-1789-01  
**IRO Certificate #:** 5242

\_\_\_ 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 \_\_\_ 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 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 physician 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**

According to the supplied documentation, it appears that the claimant injured her left arm, wrist, shoulder and ankle when she fell at work on \_\_\_. The patient was initially seen by \_\_\_, but changed to \_\_\_ on 12/09/2002. Seen was seen by \_\_\_ on 02/12/2003, who felt the claimant had a healed nondisplaced radial styloid fracture (left wrist) and postoperative discomfort, subjective, with weakness. The claimant began care in 04/2003 at \_\_\_. A MRI was performed on 04/30/2003 that revealed some degenerative change suspected in the triangular fibrocartilage near its thicker ulnar end, otherwise unremarkable. The claimant was seen by \_\_\_ who felt the claimant had a possible fracture in her left talar dome and needed a soft and custom brace for her ankle to provide support. A NCV/EMG exam was performed on 06/02/2003, which revealed that the patient had increased insertional activity of the left ADQ suggestive of a neuroproxia in ulnar distribution, without obvious neuropathy on nerve conduction studies. \_\_\_ performed a designated doctor exam on 06/23/2003 with a whole person impairment of 0%. The claimant underwent 20 sessions of chronic pain management. The claimant was seen by \_\_\_ at the insurance company's request, who felt the claimant, was capable of a full release to work. The documentation ends here.

### **Requested Service(s)**

Please review and address the medical necessity of the outpatient services including level III office visits, myofascial release, therapeutic exercises, joint mobilization, unlisted

modality(97139-EU), manual therapy and level IV office visit rendered between 04/14/2003 and 010/02/2003.

### **Decision**

I agree with the treating doctor that the office visits dated 04/14/2003, 05/14/2003, 06/09/2003, 08/04/2003 (max 99213) and on 10/02/2003. I agree with the insurance company that the remainder of the services rendered were not medically necessary.

### **Rationale/Basis for Decision**

The documentation supplied reveals that the claimant underwent a sufficient amount of therapy that was rendered from 12/10/2002 – 04/08/2003 to help the claimant reduce her pain. The claimant underwent ongoing passive and active therapies. Approximately 16 weeks of continual passive and active therapy appear adequate for the injuries sustained. The IME performed by \_\_\_ revealed that the claimant had a healed fracture with postoperative weakness. At the time of the IME, the claimant had been out of her cast for one month with some residual weakness. The documentation beginning on 04/14/2003 reports active exercise that had been performed continually for approximately 2 months. The exercises listed on the first day in dispute report that the claimant was performing wrist and ankle exercises with theraband. Since the claimant appeared to be very familiar with her treatment plan, a home-based exercise plan would have been equally beneficial. The activities recommended and offered by the treating doctor could have easily been duplicated at home with some putty and theraband. Continuing therapy beyond the 04/08/2003 date is not seen as reasonable or medically necessary in this case. If the claimant continued to suffer after this time period, then appropriate referrals to specialist would be necessary. Monthly office visits for referrals are seen as medically necessary with a maximum of a level III visit.