

MDR Tracking Number: M5-04-1934-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 3-1-04.

The IRO reviewed office visits w/manipulation, office visits, massage therapy, manual traction, therapeutic exercises, manual therapy, aquatic therapy, electrical stimulation (unattended), joint mobilization, myofascial release, unlisted therapy procedure (97139-EU), chiropractic manipulation, analysis of clinical data, nervous system surgery (64999-22), electrodes, manual therapies, and prolonged physician service on 3-13-03 to 11-18-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. On 5-18-04, 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.

On 10-22-04, the requestor submitted a letter stating they did not wish to pursue the additional issues.

The above Decision is hereby issued this 22nd day of October 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

May 2, 2004

**Re: IRO Case # M5-04-1934
IRO Certificate #4599**

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic, who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of Disputed Services 3/13/03-11/18/03
2. Explanation of benefits
3. Review 6/23/03
4. TWCC-69 reports
5. Designated doctor evaluation 11/21/03
6. Report 7/13/03
7. Report 4/29/03
8. MRI reports left and right wrist 4/11/03
9. NCS report 3/10/03
10. Radiology report left and right wrist 2/20/03
11. Report on CTS
12. Computerized musculoskeletal examination reports
13. Thoracic outlet study report 3/13/03
14. Exam reports

15. Treatment notes
16. Operative reports 9/18/03, 12/15/03
17. Report 8/20/03
18. Report 10/27/03
19. Upper extremity evaluation report 3/6/03

History

The patient injured both wrists after repetitive motion in _____. Various diagnostic studies have been performed and she has been treated with medication, injections, physical therapy, and chiropractic treatment.

Requested Service(s)

99213 MP ov w/manipulation, 99214 ov, 97124 mas ther, 97122 / 97140 traction manual, 97110 ther exer, 97140-59 ther tech, 97113 aqua ther, 97014/G283 elec stim unattended, 97265 joint mobilization, 97250 myofascial rel, 97139-EU unlisted ther proc, 98943 chiro man treat, 99090 analysis of clinic data, 64999-22 unlisted proc nerv sys, A4556 electrodes, 97260 / 97140 man ther tech, 99354 prol phys serv 3/13/03-11/18/03

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

The patient was initially seen by her treating D.C. on 2/5/03 with bilateral wrist pain. The D.C. initiated an intense course of physical therapy and exercises that should have been beneficial to the patient within four weeks. On 3/8/03 the D.C. reported that the patient "has been unable to get a full nights sleep because of pain," and that the patient "is frustrated that her progress is slower than expected (no change)." It was reported that there was numbness in her wrists, hand and fingers and pain shooting from her wrists into her forearms, upper arms and shoulders. On May 13, the patient still had difficulty holding on to things, and was dropping things, and her arms burned. The D.C. reported muscle weakness in the hands bilaterally. There was also palpable misalignment in the right wrist and hand. This was after three months of intensive care from the D.C. On 15/5/03, some ten months after treatment was initiated, the D.C. was still manipulating the patient's hands and wrists because of palpable tightness and weakness, and because the patient was still "suffering from pain during movement of the wrist and hand bilaterally." She was still dropping things and her arms and hands still burned. Her ADL's remained unchanged since the start of treatment ten months earlier. The records provided for this review do not show that the disputed treatment was of any benefit to the patient. After four weeks of failed

treatment the patient should have been referred to a hand specialist for injections, rather than waiting until 9/18/03 for the first injection. The delay in proper

treatment, and the continued failed treatment were inappropriate. The failed treatment was over utilized and not objectively measured. The treatment was not reasonable or necessary. There was no long-term benefit, and the patient's response to treatment was poor throughout the period in dispute. A home-based exercise program would have been as therapeutic as the disputed treatment.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.