

MDR Tracking Number: M5-04-2209-01

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 03-19-04.

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 ultrasound service from 1-12-04 through 1-26-04 was 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 1-12-04 through 1-26-04 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 28<sup>th</sup> day of June 2004.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division  
DA/da

June 22, 2004

#### **NOTICE OF INDEPENDENT REVIEW DECISION**

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\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The \_\_\_ 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 who is familiar with the with the condition and treatment options at issue in this appeal. 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 54 year-old male who sustained a work related injury on \_\_\_\_\_. The patient reported that while at work he fell from a ladder injuring his right hand and right shoulder. The diagnoses for this patient have included sprain of the right shoulder and closed fracture A-M Metacarpal neck. On 11/23/03 the patient presented to his treating doctor and was referred to an orthopedic surgeon for the fractured finger. Initially the patient's finger was splinted. However, on 12/22/03 the patient underwent a ORIF of the index metacarpal on the fight hand. Postoperatively, the patient was treated with rehabilitation beginning 1/12/04. The patient underwent removal of two pins to the second metacarpal of the right hand on 3/23/03.

### Requested Services

Ultrasound from 1/12/04 – 1/26/04

### Documents and/or information used by the reviewer to reach a decision:

#### *Documents Submitted by Requestor:*

1. Orthopedic notes 11/25/03 – 4/2/04
2. Narratives 11/24/03 – 4/7/04
3. Operative note 3/23/03

#### *Documents Submitted by Respondent:*

1. No documents submitted

### 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 54 year-old male who sustained a work related injury to his right shoulder and hand on \_\_\_\_\_. The \_\_\_\_ chiropractor reviewer also noted that the diagnoses for this patient have included sprain of the right shoulder and a closed fracture of the A-M metacarpal neck. The \_\_\_\_ chiropractor reviewer further noted that on 12/22/03 the patient underwent an ORIF of the index metacarpal on the right hand and that the patient underwent removal of two pins to the second metacarpal of the right hand on 3/23/03. The \_\_\_\_ chiropractor reviewer indicated that the patient had been treated with ultrasound from 1/12/04 through 1/26/04. The \_\_\_\_ chiropractor reviewer explained that although the documentation provided does not indicate where the ultrasound was performed, the documentation provided made no mention of the right shoulder injury or treatment rendered to it from 1/12/04 through 1/26/04. The \_\_\_\_ chiropractor reviewer indicated that the patient still had 2 pins in the right hand from 1/12/04 through 1/26/04. The \_\_\_\_ chiropractor reviewer explained that ultrasound is contraindicated over any surgical repair that required metallic pins where the pins are still in place. The \_\_\_\_ chiropractor reviewer also explained that the heat from the ultrasound could make the pins hot and cause damage to the surrounding tissue. Therefore, the \_\_\_\_ chiropractor consultant concluded that the ultrasound from 1/12/04 through 1/26/04 were not medically necessary to treat this patient's condition.

Sincerely,