

MDR Tracking Number: M5-04-2529-01

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 April 13, 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 office visit, therapeutic procedures, electrical stimulation, aquatic therapy, physical performance test, joint mobilization and hot/cold pack 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 medical necessity 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 07-09-03 to 10-13-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 20th day of July 2004.

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

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 10, 2004

Re: IRO Case # M5-04-2529 amended 7/9/04

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, Rule 133.308 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 physician who is 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 service 7/9/03 – 10/13/03
2. Explanation of benefits
3. Exercise sheets
4. Letter from respondent's attorney 5/20/04
5. Peer review 7/9/03
6. Review 7/15/03
7. Clinic reports
8. TWCC work status reports
9. TWCC reports
10. Initial report 2/13/03
11. Treatment notes
12. Surgery report and surgeon progress notes
13. PPE 5/21/02, 7/10/03, 8/4/03
14. Question sheets regarding patient's subjective complaints
15. Aquatic exercise sheets
16. FCE 10/30/03

History

The patient injured his right elbow in ___ when he hit it on the corner of a dryer. An MRI was obtained, and the patient was treated with an injection, surgery, therapeutic exercises and chiropractic treatment.

Requested Service(s)

Office visit, therapeutic procedures, electrical stimulation, aquatic therapy, physical performance test, joint mobilization, hot/cod pack 7/9/03 – 10/13/03

Decision

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

Rationale

The patient received an extensive course of chiropractic treatment prior to the dates in dispute without improved function and relief of his symptoms. An MRI of the right elbow on 2/25/03 showed a high degree partial tear of the common extensor tendon at its insertion over the lateral epicondyle with fluid at the level of the tear. The treating D.C. should have realized his treatment would not be appropriate for this condition, and he should have immediately referred the patient for a surgical consult. Instead, he treated the patient for several weeks prior to his surgery on 3/27/03.

After his surgery the patient underwent an intensive course of chiropractic treatment without relief of symptoms or improved function prior to the dates in dispute. Appropriate post-operative rehabilitation would be four weeks that could be extended another four weeks if treatment would be shown to be beneficial. A home-based exercise program with OTC medication to help relieve discomfort would then be appropriate – in this case that would be by 6/15/03. Supervised therapeutic treatment after this time would be unnecessary and inappropriate. The patient failed to respond the treating D,C.'s treatment prior to the dates in dispute. Based on the records presented for this review, it appears that the patient reached MMI around 6/15/03. The patient's response to treatment had plateaued by that time, according to the documentation, and treatment failed to be beneficial after this date. After eight weeks of post-operative treatment, the patient's ongoing and chronic care did not produce measurable or objective improvement, and did not appear to be directed at progression for return to work.

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