

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-04-8923.M5**

MDR Tracking Number: M5-04-2583-01

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 04-19-04.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 04-19-04, therefore the following date(s) of service are not timely: 04-01-03 through 04-18-03.

Based on correspondence from the requestor, Dr. Michael Mc Garrah, dated 06-26-04, the requestor has withdrawn the fee issues for dates of service 04-21-03 and 04-28-03 from the dispute process.

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 electric stimulation, neuromuscular re-education, therapeutic activities, therapeutic exercise, myofascial release, level III established patient office visits and level III new patient 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 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 04-23-03 to 06-20-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 16<sup>th</sup> day of July 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

PR/pr

Enclosure: IRO decision

## MEDICAL REVIEW OF TEXAS

[IRO #5259]

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### NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-04-2583-01
Name of Patient:	
Name of URA/Payer:	Michael McGarrah, DC
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Michael McGarrah, DC

June 18, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: Texas Workers Compensation Commission

#### CLINICAL HISTORY

Available information suggests that this patient reports experiencing a work related injury on \_\_\_ when he fell from his truck against the ground landing on his wrists. He also notes injuring his lower back. He was seen initially at an Arlington ER where he was treated and released with medications. He then presents to a chiropractor Dr. Jack Pedersen who performs manipulation, passive modalities and home therapy for wrist, shoulder and back conditions from 12/02/02 to 01/24/03. The patient is sent for an IME with another chiropractor Dr. Michael McGarrah on 02/26/03. Dr. McGarrah indicates that the patient's thoracolumbar conditions have resolved but this does not appear to be examined. The patient is found to have persisting wrist pain that is approximately 50-60% improved from original injury. He notes that the patient has recently exacerbated his wrist condition but does not mention any specific causal factors relating to this event. No advanced imaging or neurodiagnostic studies are ordered or reviewed. The patient is diagnosed with stenosing tenosynovitis of the wrists greater on the left than right. Active rehabilitation and strengthening exercises are recommended in addition to home ice massage, use of splints and OTC medications. Upon consultation with previous chiropractor, Dr. McGarrah appears to assume care of the patient. Active rehabilitation is ordered at 3x per week for 4 weeks. An independent orthopedic evaluation is made with Bernie McCaskill, MD, on 04/15/03 suggesting normal neurological findings and normal motor strength in both upper extremities at 5/5. No evidence of peripheral nerve entrapment is noted in either upper extremity. The patient is found with residual dorsal compartment tenosynovitis with medical indications for dorsal tendon sheath injections if symptoms persist. Dr. McGarrah appears to proceed with chiropractic treatment including both active therapeutic exercises and multiple passive modalities. No functional capacity evaluation appears to be performed. The patient is eventually referred to a hand surgeon S.J. Troum, MD, who performs recommended injections for residual DeQuervain's tendonitis.

#### REQUESTED SERVICE(S)

Determine medical necessity for electric stimulation, neuromuscular reeducation, therapeutic activities, therapeutic exercise, myofascial release, level III established patient office visits and level III new patient office visit for period in dispute 04/23/03 through 06/20/03.

## DECISION

Denied.

## RATIONALE/BASIS FOR DECISION

Medical necessity for these ongoing treatments and services (04/23/03 through 06/20/03) **are not supported** by available objective evidence. Orthopedic findings from 04/15/03 suggest no clinical evidence for continuation of passive modalities and strengthening activities beyond this period. In addition, level III new patient chiropractic evaluation and established patient chiropractic evaluation & management services do not appear supported by medical indications at this stage of care (04/23/03 to 06/20/03).

1. Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Physical Therapy, Volume 81, Number 10, October 2001.
2. Hadler NM. Illness in the workplace: the challenge of musculoskeletal symptoms. *J Hand Surg Am.* 1985;10:451-456.
3. Bigos S., et. al., AHCP, Clinical Practice Guideline, Publication No. 95-0643, Public Health Service, December 1994.
4. Harris GR, Susman JL: "Managing musculoskeletal complaints with rehabilitation therapy" [Journal of Family Practice](#), Dec, 2002.
5. Breen TF: Wrist and hand. In: *Orthopaedics in Primary Care*. 3rd ed. Baltimore: Lippincott Williams & Wilkins; 1998:99-138.
6. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers, 1993.
7. Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Physical Therapy, Volume 81, Number 10, October 2001.
8. Lennard TA: Fundamentals of procedural care. In: *Physiatric Procedures in Clinical Practice*. Philadelphia, Pa: Hanley & Belfus; 1995:1-13.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned individual. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.