

MDR Tracking Number: M5-04-2610-01

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 4-19-04.

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 office visits, chiropractic manipulation, manual therapy, electrical stimulation, and therapeutic procedures from 7/16/03 through 10/07/03 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 7/16/03 through 10/07/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 14th day of July 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

July 2, 2004

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-04-2610-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) 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 TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. TMF's health care professional 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 TMF 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

This is a 44-year-old female with a work related injury. She was pushing a cart full of books and pulling another cart behind her while she went up a ramp and then fell onto the ground, injuring her right elbow. Her treatment included office visits, chiropractic manipulation, manual therapy, electrical stimulation, and therapeutic procedure.

Requested Service(s)

Office visits, chiropractic manipulation, manual therapy, electrical stimulation, and therapeutic procedures from 07/16/03 through 10/07/03

Decision

It is determined that the office visits, chiropractic manipulation, manual therapy, electrical stimulation, and therapeutic procedures from 07/16/03 through 10/07/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The treating provider has not established a need to continue management of this claimant's condition beyond the estimated maximum medical improvement (MMI) date that was set by the physician on 10/23/02. In the examination, the physician stated that MMI would be reached on/about 01/23/03. The record provided for this review does warrant a short course of passive application following removal of the long arm cast that occurred in September 2002, followed by a course of active rehabilitation to gain muscle strength/flexibility.

There exists no clear rationale to support the continued management of this claimant's condition with office visits, manipulation, therapeutic procedures, electrical muscle stimulation, therapeutic exercise, and/or manipulation. Therefore, office visits, chiropractic manipulation, manual therapy, electrical stimulation, and therapeutic procedures from 07/16/03 through 10/07/03 were not medically necessary to treat this patient's condition.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer-reviewed references.

- Field LD, et al. *Common elbow injuries in sport*. Sports Med 1998 Sep;26(3):193-205.
- Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines. *Occupational Disorders of the Elbow*.
- *Overview of implementation of outcome assessment case management in the clinical practice*. Washington State Chiropractic Association; 2001.54p.

Sincerely,