

MDR Tracking Number: M5-04-2650-01

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 22, 2004.

Based on correspondence from the requestor, \_\_\_\_, dated 08-03-04, CPT code 97750 for date of service 04-25-03 has been withdrawn from their dispute.

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 work hardening program 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 Division has determined that 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 04-28-03 to 05-09-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10<sup>th</sup> day of August 2004.

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

06/17/2004

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IRO #: 5284

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. This case was reviewed by a licensed Medical Doctor with a specialty in Orthopedic Surgery. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and

any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

\_\_\_ is now a 51-year-old male with significant history of diabetes mellitus with heart disease and hypertension and the date of injury reported of \_\_\_ for bilateral wrist and elbow pain. He was under the chiropractic care of \_\_\_ from October 01, 2001 through June 07, 2004. He was treated with chiropractic manipulations and physical and occupational therapy. In addition, evaluation included EMG nerve conduction studies, which are consistent with carpal tunnel syndrome and cubital tunnel syndrome as well as peripheral neuropathy secondary to diabetes mellitus. Further care included surgical management under the direction of \_\_\_. for a total of four surgeries from January 29, 2002 through December 04, 2002. MRI scans were also performed of both wrist on November 30, 2001 and a work hardening program from April 07, 2003 through May 16, 2003.

#### DISPUTED SERVICES

Currently, there is a dispute regarding the work hardening program from April 28, 2003 through May 9, 2003.

#### DECISION

The reviewer agrees with the previous adverse determination.

#### BASIS FOR THE DECISION

This opinion is based on the information provided, which states the claimant has peripheral neuropathy and significant diabetes mellitus involvement. In addition, previous \_\_\_ Functional Capacity Evaluations, Impairment Ratings and strength measurements as recent as January 14, 2003, stated that the claimant had equal and symmetrical strength within acceptable range and 0% Impairment Rating on the left and a 1% Whole Person Impairment Rating on the right side. There was no report of any numbness and normal sensation measurements were identified. The grip strength was 45# on the left and 40# on the right. Given these findings, a work hardening program is not indicated based on the objective measurements as well as the underlying basis of peripheral neuropathy secondary to diabetes mellitus. Because of this underlying disorder, any attempt at further work hardening is not expected to improve or provide benefits to this patient.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of \_\_\_, Inc, dba \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,