MDR Tracking Number: M5-04-3285-01

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 5-28-04.

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 with manipulation, joint mobilization, myofascial release, neuromuscular re-education, and therapeutic exercises rendered from 5/27/03 through 7/9/03 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 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, the request for reimbursement for dates of service 5/27/03 through 7/9/03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this _2nd____ day of September 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

Enclosure: IRO decision

Texas Medical Foundation

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NOTICE OF INDEPENDENT REVIEW DECISION

August 18, 2004

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 #: M5-04-3285-01
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 51 year-old female was diagnosed with bilateral carpal tunnel and cubital tunnel syndrome on 01/08/02. At that time she was already being treated for another injury in which she fell and injured her back. She was treated with therapy and work hardening for her back injury and then for her wrist and elbow as well. She had a left carpal tunnel release on 11/12/03, a left elbow ulnar nerve transposition on 12/05/03, drainage of abscesses in her left wrist and elbow on 01/06/04, and additional surgery to her right elbow and wrist in May of 2004.

Requested Service(s)

Office visits with manipulation, joint mobilization, myofascial release, neuromuscular reeducation, and therapeutic exercises for dates of service 05/27/03 through 07/09/03.

Decision

It is determined that the office visits with manipulation, joint mobilization, myofascial release, neuromuscular reeducation, and therapeutic exercise was not medically necessary for the treatment of this patient's medical condition from 05/27/03 through 07/09/03.

Rationale/Basis for Decision

In order for care to continue, the patient's condition should have the potential for restoration of function and the treatment should be specific to the injury and provide for the potential improvement of the patient's condition. Potential for restoration of function is identified by progressive return of function. Without demonstration of objective progress, ongoing treatment cannot be reasonably expected to restore the patient's function and would be medically unnecessary.

Based on this patient's history and the 04/01/03 examination, physical medicine treatments would have been indicated for a six to eight week period, and that care was performed. However, there is no documentation of objective or functional improvement in this patient's condition and no evidence of a change of treatment plan to justify additional treatment after 05/27/03. Functional improvement could not be documented since a baseline for ranges of motion was not established when the initial examination was performed on 04/01/03. Moreover, the patient's pain ratings did not improve from the time period of the April and May 2003 treatments (6, 7, and 8) to the time period in question (also 6, 7, and 8), ending on 07/09/03.

Since the patient obtained no relief, promotion of recovery was not accomplished, and there was no enhancement of the employee's ability to return to employment, it is determined that the office visits with manipulation, joint mobilization, myofascial release, neuromuscular reeducation, and therapeutic exercise from 05/27/03 through 07/09/03 was not medically necessary to treat this patient's condition.

Sincerely,

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:vn

Attachment

Information Submitted to TMF for TWCC Review

Patient Name: ___

TWCC ID #: M5-04-3285-01

Information Submitted by Requestor:

- Appeal letters
- Case Review
- Functional Capacity Evaluation
- Physician notes
- Therapy notes
- EMG report
- MRI report
- Surgery notes

Information Submitted by Respondent:

- Chiropractic Modality Review
- Therapy notes 04/14/03-10/23/03
- Work Hardening 01/16/03-01/29/02
- Biofeedback notes
- Functional Capacity Evaluation
- MRI/EMG reports
- Office notes/orders – Chiropractic
- Doctor consult notes