

MDR Tracking Number: M5-04-3946-01

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 July 19, 2004.

In accordance with Rule 133.308 (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 07-19-04, therefore the following date(s) of service are not timely: 07-16-03 and 07-17-03.

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 chiropractic office visits-99213, therapeutic procedures-97110, neuromuscular re-education-97112, chiropractic manipulation-98940, manual therapy-97140, mechanical traction-97012, electrical stimulation-97032, functional performance tests-97750 from 07-22-03 through 12-30-03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On August 11, 2004, the Medical Review Division submitted a Notice to the requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The carrier denied CPT code 99080-73 (work status report) on 09-11-03 as unnecessary medical treatment based on a peer review. However, the 99080-73 (work status report) is a TWCC required report and is not subject to an IRO review and will be reviewed by the Medical Review Division. In this case, the requestor did not submit documentation to support delivery of service therefore, no reimbursement is recommended.

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for dates of service from 07-22-03 through 12-30-03 and the Division declines to issue an Order for payment in this dispute.

This Decision is hereby issued this 15<sup>th</sup> day of September 2004

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

PR/pr

**MEDICAL REVIEW OF TEXAS**  
[IRO #5259]  
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**NOTICE OF INDEPENDENT REVIEW DETERMINATION**

TWCC Case Number:	
MDR Tracking Number:	M5-04-3946-01
Name of Patient:	
Name of URA/Payer:	
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	

August 31, 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.  
August 31, 2004

Sincerely,

CLINICAL HISTORY

Based on available information, it appears that this patient reports a work injury to her upper extremities occurring on \_\_\_\_\_. The patient appears to present to the Work and Accident Clinic where she was currently under care for a prior injury from \_\_\_\_\_. Type and nature of this injury is not provided for review. There are, however, some notes from INOVA Health Care dated 10/18/01 suggesting that the patient tripped over a stool injuring her lower back. Additional chart notes from INOVA from 10/25/01 suggest that the patient has a shoulder injury from lifting boxes at work. An 11/30/01 INOVA chart note indicates that the patient now has hand pain of 3 weeks duration along with low back pain of 4 weeks duration. The patient is given medications and physical therapy for these disorders. A final INOVA chart note from \_\_\_\_\_ suggests the patient continues with low back pain and bilateral hand pain. She is diagnosed with chronic low back pain, fibromyalgia and depression. Additional medications are given and the patient is referred for pain management. The patient is apparently seen by a Dr. U, DC, for multiple injuries occurring at various times but no specific reports of this are provided for review. There is a MRI performed 04/26/03 for both wrists suggesting the presence of a small lipoma but otherwise essentially negative. EMG/NCV performed 05/07/03 by a Dr. S, MD, suggests essentially normal medial nerve conduction but some mild right and left ulnar nerve dysfunction is noted. The patient is seen multiple times by a Dr. M, MD, for low back conditions, carpal tunnel and ulnar nerve dysfunction and is referred for injections with a Dr. E. No reports from Dr. E are provided for review. The patient is eventually seen for trigger point injections to the cervical area with a Dr. A, MD, on 05/22/03. There are no initial chiropractic reports provided for review but there is a Functional Capacity Evaluation submitted by a Dr. L, DC, from 07/10/03. This report indicates that the patient has undergone extensive treatments with passive modalities, active rehabilitation and chiropractic adjustments for ulnar neuropathy and myofascial pain syndrome.

Recommendations are made to undergo a work hardening program. There appear to be multiple physical performance evaluations made on 09/11/03 and 11/06/03, also by Dr. E, but now including the diagnosis of cervical radiculitis. No significant improvement of these conditions is noted. Finally, there appear to be multiple daily chiropractic chart note forms submitted from 07/16/03 to 10/23/03 by multiple chiropractors. These indicate no specific working diagnosis but do suggest multiple treatments for shoulder wrist and elbow conditions. No significant functional or symptomatic improvement appears to be documented.

#### REQUESTED SERVICE(S)

Determine medical necessity for chiropractic office visits 99213, therapeutic procedures 97110, neuromuscular reeducation 97112, chiropractic manipulation 98940, manual therapy 97140, mechanical traction 97012, electrical stimulation 97032, functional performance tests 97750 for dates in dispute 07/22/03 thru 12/30/03.

#### DECISION

Denied.

#### RATIONALE/BASIS FOR DECISION

Medical necessity for ongoing chiropractic services (including manipulation, office visits, therapeutic procedures, manual therapy, neuromuscular reeducation, electric stimulation, mechanical traction and functional performance tests) **are not supported** by available documentation (including objective diagnostic studies) or current standards of care. Generally accepted scientific data does not support the treatment level, duration and frequency for chiropractic care submitted from 07/22/03 through 12/30/03 for these conditions at this phase of care.

1. Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Physical Therapy, Volume 81, Number 10, October 2001.
2. Hurwitz EL, et al. The effectiveness of physical modalities among patients with low back pain randomized to chiropractic care: Findings from the UCLA Low Back Pain Study. J Manipulative Physiol Ther 2002; 25(1):10-20.
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. Morton JE. Manipulation in the treatment of acute low back pain. *J Man Manip Ther* 1999; 7(4):182-189.
6. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers, 1993.
7. Armstrong TJ, Chaffin DB: Carpal tunnel syndrome and selected personal attributes. *J Occup Environ Med.* 1979;21:481-486.
8. Birkbeck MQ, Beer TC: Occupation in relation to the carpal tunnel syndrome. *Rheumatol Rehab.* 1975;14:218-221.
9. Cannon LJ, Bernacki EJ, Walter SD. Personal and occupational factors associated with carpal tunnel syndrome. *J Occup Med.* 1981;23:255-258.
10. Posch JL, Marcotte DR. Carpal tunnel syndrome: an analysis of 1,201 cases. *Orthop Rev.* 1976;5:25-35.
11. Hadler NM: Illness in the workplace: the challenge of musculoskeletal symptoms. *J Hand Surg Am* 10:451-456, 1985
12. Phalen GS. Neuropathy of the median nerve due to compression beneath the transverse carpal ligament. *J Bone Joint Surg Am.* 1950;32:109-112.
13. Phalen GS. The carpal tunnel syndrome. Seventeen years' experience in diagnosis and treatment of 654 hands. *J Bone Joint Surg Am.* 1966;48:211-228.
14. Phalen GS. The carpal-tunnel syndrome. Clinical evaluation of 598 hands. *Clin Orthop.* 1972;83:29-40.
15. Hadler NM. Illness in the workplace: the challenge of musculoskeletal symptoms. *J Hand Surg Am.* 1985;10:451-456.

Nathan PA, Meadows KD, Doyle LS. Occupation as a risk factor for impaired sensory conduction of the median and ulnar nerve at the carpal tunnel. *J Hand Surg Br.* 1988;13:167-170.

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 claimant. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.