

MDR Tracking Number: M5-04-4368-01

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 August 26, 2004.

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 manual therapy (97140), therapeutic exercises (97110), chiropractic manipulations (98942), therapeutic activities (97530), self care management training (97535), and neuromuscular re-education (97112) rendered on 6/1/04 through 7/2/04 were not found to be 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 was not the only issue** to be resolved. As the manual therapy (97140), therapeutic exercises (97110), chiropractic manipulations (98942), therapeutic activities (97530), self care management training (97535), and neuromuscular re-education (97112) rendered on 6/1/04 through 7/2/04 were not found to be medically necessary, reimbursement for dates of service from 6/1/04 through 7/2/04 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issues this 22nd day of October 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

Date: October 19, 2004

RE:

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IRO Certificate #: 5242

_____ 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 _____ 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 proposed 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 Chiropractic reviewer who has an ADL certification. The reviewer 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 for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- Table of disputed services
- Denied EOB's
- TWCC forms

Submitted by Respondent:

- Table of disputed services
- Complete chart of billed services
- Previous peer reviews
- Notes from _____
- Surgery notes from _____
- Daily notes from _____
- Notes from _____
- Active exercise daily notes and activity procedures
- MRI reports
- NCV findings

Clinical History

According to the supplied documentation, it appears that the claimant sustained an injury on ____ as a result of repetitive typing. The claimant was initially seen with _____ at _____ on 5/3/01. The claimant was diagnosed with bilateral wrist sprain/strain and bilateral carpal tunnel syndrome. Passive therapies were begun. On 6/28/01, the claimant was seen by _____ who performed a NCV study which revealed bilateral carpal tunnel syndrome, right greater than left. _____ prescribed medications and told the claimant to return in 4-6 weeks. In October 2001 the claimant changed treating doctors to _____ at _____. The claimant was removed from work. On 10/23/01, the claimant was returned to work at four hours a day with restricted duty. MRI scans were performed on 10/25/01 bilaterally, and revealed median nerve entrapments bilaterally with some effusion at the radio carpal joint on the right. On 4/22/02, _____ performed a left carpal tunnel release at _____. On 9/6/02, the claimant underwent a trial of work hardening. Throughout 2003 as well as 2004, the claimant continued active therapies, chiropractic manipulation, manual therapy and neuromuscular re-education. The documentation ends in July of 2004.

Requested Service(s)

Manual Therapy (97140), Therapeutic Exercises (97110), Chiropractic Manipulation (98942), Therapeutic Activities (97530), Self Care Management Training (97535), Neuromuscular Re-education (97112) for dates of service 6/1/04-7/2/04.

Decision

I agree with the insurance company that the services rendered were not medically necessary.

Rationale/Basis for Decision

According to the supplied documentation, the claimant sustained an injury to her wrists, and later it was determined her neck and shoulder were compensable as well. The claimant has undergone a plethora of care including physical therapy, chiropractic therapy, diagnostic imaging, nerve studies, injections, surgery, medications, and home based exercise protocols. After the surgery dated 4/22/02, it would be necessary for an active protocol to help strengthen the claimant's wrists. At the end of approximately eight weeks of therapy and the claimant's FCE revealed weaknesses returning the claimant to her physical demand levels, it would be necessary for the claimant to undergo a work hardening program. This was initiated on 9/6/02 and was extended to 11/1/02. Documentation beyond this time reveals the claimant continued active therapies with little benefit. Rehabilitation notes during the dates of disputes service from 6/1/04-7/2/04 revealed simple exercises that could have been reproduced using a home based exercise program instead. The claimant was being treated with a treadmill, clay, stretching and flexibility exercises and two pound weights. With the amount of therapy rendered in this case, the claimant would be well versed in the activities that would help improve her condition without the need of doctor supervision. Ongoing therapy including manipulations, doctor supervised therapeutic exercises, self care management training, management therapy and neuromuscular re-education are not seen as reasonable in reducing the claimant's symptoms. All care rendered between 6/1/04-7/2/04 is considered unreasonable and not medically necessary.