MDR Tracking Number: M5-05-0559-01

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 10-18-04.

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 group therapeutic procedures, mechanical traction therapy, chiropractic manipulative treatment, electrical stimulation, massage therapy, therapeutic exercises, physical therapy treatment, office visits, manual therapy, supplies/materials and ultrasound therapy 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, reimbursement for dates of service from 05-12-04 to 08-06-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 29th day of December 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

Enclosure: IRO decision

MEDICAL REVIEW OF TEXAS

[IRO #5259]
3402 Vanshire Drive Austin, Texas 78738
Phone: 512-402-1400 FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISED 12/28/04

TWCC Case Number:	
MDR Tracking Number:	M5-05-0559-01
Name of Patient:	
Name of URA/Payer:	Suhail Al-Sahli, DC
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Suhail Al-Sahli, DC

December 22, 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.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Texas Workers Compensation Commission

CLINICAL HISTORY

Available documentation received and included for review consists of treatment records from multiple providers dating from February 2004. Office visit notes from Dr. Suhail Al-Sahli (DC) for the dates in dispute are also reviewed, along with records from Drs Siller (MD), Ahmed (MD), Sunkara (MD), Varon (MD), Saqer (MD) Elbaz (MD)along with Patte Olachea, LPC. CT reports left wrist and thumb

___, a 24-year-old male, was injured at work on ___ while working for the . The injury was to his left thumb, it apparently was hit by a large heavy hammer causing some lacerations and a distal phalanx fracture, extending into the intra-articular space. He was initially given the thumb splint by the first consulting doctor, Terry Siller, MD. he presented the next date to a chiropractor, Dr. Al Sahli, who initiated an immediate conservative treatment régime consisting of myofascial release, referring him the following day to Dr. Ahmed for pain medication management. Treatment plan was to immobilize the thumb with a splint. The patient was subsequently referred for orthopedic consult and again splinting was recommended. In the interim and continuing through between who these referrals, the patient continued on a multimodal treatment régime with Dr. Al Sahli without any apparent progress. The patient eventually went to surgery on 7/12/0/4.

REQUESTED SERVICE(S)

Medical necessity of group therapeutic procedures (97150), office visits (99212, 99213), mechanical traction (97012) ultrasound (97035) electrical stimulation (97032), manual therapy (97140), therapeutic exercises, (97110), massage therapy (97124), chiropractic manipulation (98940/98943), supplies/materials (99070), and physical therapy treatment (97039) (05/12/04 – 8/6/04).

DECISION

Denied. There is no medical necessity established for any of the services in dispute.

RATIONALE/BASIS FOR DECISION

The standard of medical necessity in Workers Comp, according to the Texas labor code 408.021 (entitlement to medical benefits) is that an employee who sustained a compensable injury is entitled to all healthcare reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to healthcare that: (1) cures or relieves the effects naturally resulting from the compensable injury; (2) promotes recovery; or (3) enhances the ability of the employee to return to or retain employment.

This patient sustained a crush injury with lacerations to the distal aspect of his left thumb. Immobilization by a splint was recommended by all initially consulting physicians. Myofascial release was also initiated by the treating doctor, on a daily basis. Treatment with Dr. Al Sahli then continued to more or less in an unabated fashion despite the lack of any progress, in fact the patient seemed to continue to worsen. Multiple referrals were made, all with recommendations for physical therapy.

The standard of care for crush injuries with progressive tenosynovial/contracture injuries involves specific and specialized treatment techniques including tendon glide exercises, functional hand exercises, adaptive activities and so forth. None of these types of treatment are documented, and as such the documentation does not tend to support that the standard of care usually employed in the treatment of such a diagnosis occurred.

A trial course of care had been attempted, however what has not been demonstrated by the documentation is definitive success with the care provided. There appears to be no rationale offered for continuation of such care in an unabated fashion, with little obvious benefit obtained from the continuing global battery of passive modalities beyond the first 4-6 weeks of care.

The documentation in this case is somewhat suboptimal, with very few outcome measures documented, aside from subjective pain level recordings. The records all appear to be of the computerized, "canned" variety. They are repetitious, contain minimally clinically useful

information and do not show significant progress / substantive change in treatment. Unfortunately this provides precious little clinical insight as to the patient's status, his progression or improvement/response to care.

There is no information on exactly what type of therapeutic activities were performed, nor indication of any progression or effects of interventions. There is no documentation supporting the response to exercises performed in terms of duration, sets, reps, etc. that would normally accompany such an intensive program of care

Joint mobilization was billed in conjunction with office visits which included manipulation / manual traction. Manual traction is a form of joint mobilization / joint mobilization is considered to be an integral aspect of manipulation. It is therefore duplicative to bill for joint mobilization when manipulation was also performed / manual traction when joint mobilization was performed on the same date of service. There is absolutely no rationale or indication provided as to how these therapies were distinct or separate from one another, or which type of therapeutic effect was provided that differentiated one from another.

It does not seem reasonable to continue with joint mobilization almost 3 months into the treatment course in conjunction with active exercises. There is no indication of the rationale for joint mobilization, improvement with the application of numerous "joint mobilizations" nor the types of "mobilizations" performed. This would be expected in terms of any reasonable outcome assessment in order for continued application to be provided.

In summary, treatment interventions implemented in the disputed timeframe were outside of accepted clinical parameters, without supporting documentation defending necessity conforming to the definition outlined by the Texas Labor Code.

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such and may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical/chiropractic probability and are totally independent of the requesting client.

References:

Bucher C, Hume KI. Assessment following hand trauma: A review of some commonly employed methods. British J. Hand Ther. 2002; 7(3):79-84

Mennen U (Ed). Hand Therapy – a guide for everyday hand problems. In: Mennen U, editor's The Hand Book: A practical approach to common hand problems. Natal: JL van Schaik, 1994: 213-239

Colditz J. Dynamic splinting of the stiff hand. In: Hunter JM, et al. Rehabilitation of the Hand. St Louis: CV Mosby, 1984

Hansen DT: Topics in Clinical Chiropractic, 1994, volume one, No. 4, December 1994, pp. 1-8 with the article "Back to Basics: Determining how much care to give and reporting patient progress".