

MDR Tracking Number: M5-05-0644-01

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, 133.307 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. This dispute was received on 10-26-04.

On 01-27-05 the requestor withdrew the fee issues in dispute.

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, therapeutic exercises, neuromuscular re-education, therapeutic procedures-group and electrical stimulation fee 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 10-29-03 to 07-28-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 27<sup>th</sup> day of January 2005.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh

Enclosure: IRO Decision



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#### NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** January 12, 2005

**To The Attention Of:**

TWCC  
7551 Metro Center Drive, Suite 100, MS-48  
Austin, TX 78744-16091

**RE: Injured Worker:****MDR Tracking #:** M5-05-0644-01**IRO Certificate #:** 5242

Forté 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 Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté 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:**

- TWCC forms
- Functional capacity evaluation reports
- MRI reports
- NCV/EMG study reports
- Doctor notes and exercise records

**Submitted by Respondent:**

- Daily notes
- Doctor reports
- Exercise logs
- Pre-authorization notes from insurance carrier
- Impairment reports
- Designated Doctor reports
- Imaging studies

**Clinical History**

According to the supplied documentation it appears that the claimant sustained an injury on \_\_\_ while pulling files from a file room. The claimant stated she experienced a sharp pain in her right hand then was seen at Concentra Medical Clinic with a diagnosis of a right hand sprain. The claimant received medications and some passive therapies. In the beginning of September 2003 the claimant changed treating doctors to Angela Upchurch, D.C. Chiropractic therapies began. An MRI was performed on 11/21/03 which revealed moderate crowding of flexor tendons within the carpal tunnel, anterior bowing of the flexor retinaculum, and comparative prominence of the median nerve within the carpal

tunnel. MRI of the right elbow revealed mild thickening of the lateral epicondylar (common extensor) tendons consistent with tendinosis. On 11/18/03 the claimant underwent an NCV and EMG study which revealed mild carpal tunnel syndrome of the right wrist. The claimant was treated with passive modalities which were later transitioned into an active protocol. The claimant was seen for a Required Medical Exam on 2/5/04 with Hooman Sedighi, M.D. Dr. Sedighi felt the claimant did not have any evidence of carpal tunnel syndrome and reported the injury was more consistent with a sprain type. He also felt the extensive amount of chiropractic therapy was necessary for the initial 2 months, but the therapy beyond that point would not be medically justified. Dr. Sedighi felt future therapy may be needed by an orthopedic surgeon, preferably a hand surgeon. A Functional Capacity Evaluation performed on 6/17/04 placed the claimant on a light physical demand level and reported the claimant's job was a light to medium level. Report of impairment by the treating doctor, was performed on 8/10/04. It was reported that the claimant had 6% whole person impairment due to right median nerve neuritis. The documentation ends here.

### **Requested Service(s)**

Office visits (99213-25), therapeutic exercises (97110-GP), neuromuscular re-education (97112-GP), therapeutic procedures-group (97750-PPE), and electrical stimulation (97032) from dates of service 10/29/03 through 7/28/04.

### **Decision**

I agree with the insurance carrier and disagree with the treating physician that the services rendered between 10/29/03 through 7/28/04 were not medically necessary.

### **Rationale/Basis for Decision**

According to the supplied documentation it appears the claimant sustained an injury on \_\_\_ to her right wrist/elbow region. It would appear reasonable and necessary for a trial of chiropractic/physical therapy for a period of up to 8 weeks with decreasing frequency and with objective findings improving. The supplied documentation did not report any significant improvement from the initial amount of care and therefore would justify the need for a referral to the appropriate specialist. The therapy rendered in this case is not medically justified or supported by current guidelines. Most, if not all, of the hand exercises would be able to be replicated on a home based exercise protocol with some hand putty and Theraband. Ongoing supervised passive and active therapies were not justified in this case and are not supported from a clinical standpoint. As stated before, all future therapy after the initial 8 weeks would need to be performed on a home based protocol and without any relief, a referral to a hand specialist for other possible treatment options.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 12th day of January 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder