

MDR Tracking Number: M5-05-1661-01

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 2-10-05.

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 massage therapy and therapeutic exercises from 8-10-04 through 9-29-04 were not medically necessary.

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 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Finding and Decision is hereby issued this 6th day of April 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

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

TWCC Case Number:	
MDR Tracking Number:	M5-05-1661-01
Name of Patient:	
Name of URA/Payer:	San Antonio Accident/Injury Care
Name of Provider: (ER, Hospital, or Other Facility)	San Antonio Accident/Injury Care
Name of Physician: (Treating or Requesting)	Richard Alexander, DC

April 4, 2005

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

Based on available information, it appears that this patient reports a work injury to his right wrist occurring on ___ due to an accident from a nail gun. A nail was removed from his wrist the same day and a second procedure was done 06/17/03 by a Dr. Robinson. The patient was splinted, given medications/injections, provided with physical therapy at South Austin Hand Clinic and returned to work six weeks later. The patient appears to have had a second work related injury to his left shoulder on 01/10/04 and began treatment with a Dr. Schultz for these conditions. On 02/03/04 the patient was placed at MMI (for wrist injury) with a 23% WP impairment rating by a Gary Pamplin, MD. On 06/15/04 the patient was seen by designated doctor Bruce Ater, MD, and found at MMI with a 17% WP impairment for wrist injury. Condition is noted to not likely change substantially within the next year. A report submitted by Bill Barryhill, MD on 06/28/04 suggests that the patient has achieved a permanent and stationary status for wrist injury of ___ and that further care would not provide any further cure or relief of the effects of the compensable injury. On 06/28/04, the patient begins treatment with a chiropractor, Richard Alexander, DC. An MRI of the right hand and wrist was performed 07/07/04 and found essentially unremarkable, although consistent with carpal tunnel syndrome. Records from 09/01/04 suggest that EMG/NCV and DSEP/SSEP tests were performed and found largely within normal limits. Some evidence is noted for right carpal tunnel syndrome and left shoulder impingement syndrome. Dr. Alexander appears to order additional passive and active physical therapy modalities for carpal tunnel conditions that continue through December of 2004. No significant symptomatic or functional improvement is sustained in chiropractic reporting.

REQUESTED SERVICE(S)

Determine medical necessity for massage therapy (97124) and therapeutic exercises (97110) for dates in dispute 08/10/04 thru 09/29/04.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Medical necessity for ongoing chiropractic services (including massage and therapeutic exercise) **are not supported** by available documentation and current standards of care for conditions of this late phase of chronicity. Generally accepted scientific literature does not support the treatment level, duration and frequency for chiropractic care submitted from 08/10/04 through 09/29/04 for these conditions at this phase of care.

References:

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 randomized to chiropractic care: Findings. *J Manipulative Physiol Ther* 2002; 25(1):10-20.
3. Harris GR, Susman JL: "Managing musculoskeletal complaints with rehabilitation therapy" [Journal of Family Practice](#), Dec, 2002.
4. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers, 1993.
5. Armstrong TJ, Chaffin DB: Carpal tunnel syndrome and selected personal attributes. *J Occup Environ Med.* 1979;21:481-486.
6. Birkbeck MQ, Beer TC: Occupation in relation to the carpal tunnel syndrome. *Rheumatol Rehab.* 1975;14:218-221.
7. Cannon LJ, Bernacki EJ, Walter SD. Personal and occupational factors associated with carpal tunnel syndrome. *J Occup Med.* 1981;23:255-258.
8. Posch JL, Marcotte DR. Carpal tunnel syndrome: an analysis of 1,201 cases. *Orthop Rev.* 1976;5:25-35.
9. Hadler NM: Illness in the workplace: the challenge of musculoskeletal symptoms. *J Hand Surg Am* 10:451-456, 1985
10. Phalen GS. Neuropathy of the median nerve due to compression beneath the transverse carpal ligament. *J Bone Joint Surg Am.* 1950;32:109-112.
11. 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.

12. Phalen GS. The carpal-tunnel syndrome. Clinical evaluation of 598 hands. Clin Orthop. 1972;83:29-40.

13. Hadler NM. Illness in the workplace: the challenge of musculoskeletal symptoms. J Hand Surg Am. 1985;10:451-456.

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.