

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-0614-01
Name of Patient:	
Name of URA/Payer:	Texas Mutual Insurance
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician:	Vaughn Brozek, DC
(Treating or Requesting)	

February 27, 2006

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 the Division of Workers' Compensation 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: Vaughn Brozek, DC
Division of Workers' Compensation

CLINICAL HISTORY

Available documentation received and included for review consists of initial and subsequent reports and treatment records from Dr. Brozek (DC), Dr. Kjeldgaard (DO), Dr. Hurschman (MD), Designated Dr. Gandy (DO) & Dr. Linden Dillon (MD), peer review opinions for per-auth (Drs Bhatt, (DC) and Tsourmas, MD). Diagnostic Reports: MRI right wrist, X-ray right wrist and elbow.

Ms. _____, a 45-year-old right hand dominant female, injured her right wrist an after school worker for "communities in schools". She was jumping rope with small children when she apparently tripped, landing on an outstretched arm and developed subsequent pain to the wrist and forearm. She presented to Dr. Brozek, a chiropractor on 9/16/05 with bruising and swelling all the way up her elbow. She was placed off work and physical modalities were employed. MRI obtained on 09/27/05 revealed a displaced distal radial metaphysis fracture with probable tear of the triangular fibrocartilage complex and ulna styloid insertions. Tenosynovitis and effusion was also noted.

The patient was then referred to Dr. Kjeldgaard, an orthopedist on 9/29/05. Treatment placed her in a short arm fiberglass cast. She was then referred for surgical consult to Dr. Kadoko on 10/04/05, who recommended surgery due to the age of the injury, with the caveat that she was to follow up with his staff for post surgical rehabilitation. The patient apparently wished to complete her therapy with Dr. Brozek, so Dr. Kadoko recommended she find another surgeon. She then saw Dr. Hurschman, (PM&R) on 10/7/05 complaining of continued 8/10 level right wrist pain with tingling. He diagnosed an open right wrist fracture, and prescribed Ultracet, advising her to follow up in one month. She was then sent to Dr. Glickfield, a hand specialist on 11/9/05. Her cast was removed and she was placed in a full arm splint. On follow-up on 11/21/05, Dr. Glickfield felt that the healing was not completed, with continued pain and numbness. EMG/NCV was recommended. She was then seen for designated doctor purposes on

12/16/05 by Dr. Gandy. Presenting complaints were continued pain and numbness, reduced motion in the right wrist. Likely reduced grip strength of the right hand was noted, but otherwise no abnormalities were found. It should be noted that the physical examination aspect of Dr. Gandy's report appears to be a templated outline, indicating "normal" results from exam of the whole person, including spine, upper and lower extremities. This seems unusual, as the injured areas of the body, compensable and treated areas were acknowledged to be the right hand, wrist and forearm only. Reports of "negative" regarding joint palpation of the wrist and hand, normal range of motion of the wrist, normal sensation and lack of atrophy seem to be at odds with all other examining physicians, including a hand specialist some two weeks earlier. The reporting physical exam is also at odds with his impairment calculations, which indicate reduced wrist motion with impairment.

Dr. Gandy placed her at MMI as of 12/16/05, with a 4% whole person impairment attributable to wrist range of motion loss.

REQUESTED SERVICE(S)

Physical therapy services: 97110 (exercise therapy). Three times per week for four weeks, total of 12 sessions of physical therapy.

DECISION

Approve.

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.

The records demonstrate that the patient has residual problems following a closed fracture of the distal radius with probable tear of the triangular fibrocartilage complex. Acknowledged complications are present including stiffness and lack of full mobility of the wrist, ligamentous injury and the possibility of neurovascular sequelae. These are all factors that affect the duration of disability. Additionally,

the Medical Disability Adviser acknowledges that comorbid conditions impacting recovery include the individual's ability to adhere to a rehabilitative exercise program,

The right handed individual's job is to care for young children. Active use of the right hand/wrist in playing, restraining and generally caring for children requires that the hand and wrist area have some degree of stability and conditioning. The records indicate that the patient has not yet been through any form of rehabilitative program.

A course of rehabilitation three times a week for four weeks is appropriate, with a maximum of three units of 97110 per encounter.

References:

The Work Loss Data Institute's *Official Disability Guidelines, third edition 2005*

The Medical Disability Adviser, fourth edition

The American College of Occupational and Environmental Medicines *Occupational Medicine Practice Guidelines,*

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".

Souza T: Differential Diagnosis for a Chiropractor: Protocols and Algorithms, 1997; chapter 1, pp. 3-25.

Liebenson C. Commentary: Rehabilitation and chiropractic practice. JMPT 1996; 19(2):134140

Haldeman S., Chapman-Smith D, Peterson DM., eds. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen: Giathersburg, MD, 1993;

The American Physical Therapy Association *Guidelines for Programs for Injured Worker's*, 1995

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

YOUR RIGHT TO APPEAL

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Chief Clerk of Proceedings
Division of Workers' Compensation
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 28th day of February, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell