February 10, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-06-0610-01
CLIENT TRACKING NUMBER: M2-06-0610-01

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIoA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing between that 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.

Records Received:

FROM THE STATE:

- Notification of IRO assignment 1/24/06 - 1 page
- Texas Department of Insurance Division of Workers Compensation form 1/24/06 - 1 page
- Medical dispute resolution request/response form - 2 pages
- Provider form - 5 pages
- Table of disputed services - 1 page
- Review determination report from UniMed Direct LLC 12/8/05 - 2 pages

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FROM THE REQUESTOR/Nestor Martinez, DC:

- Request for reconsideration 12/20/05 – 2 pages
- Functional capacity assessment 11/8/05 – 13 pages
- Work hardening assessment psychosocial history 11/30/05 – 3 pages
- History and physical 12/5/05 – 3 pages

FROM THE RESPONDENT/ARCMI:

- Independent review organization summary 5/5/04 – 2 pages
- Employer's first report of injury or illness form – 1 page
- Northeast Medical Center Hospital emergency department notes 5/3/04 – 2 pages
- Radiology report 5/4/04 – 1 page
- Emergency department assessment record 5/4/04 – 1 page
- Follow up care notes 5/4/04 – 1 page
- Emergency department assessment record 5/6/04 – 1 page
- Texas family medical minor emergency center notes 5/3/04 – 1 page
- Texas Workers Compensation work status report 5/14/04 – 1 page
- Texas family medical minor emergency center notes 5/21/04 – 1 page
- Texas Workers Compensation work status report 5/24/04 – 1 page
- Chart notes 5/28/04 – 1 page
- Texas Workers Compensation work status report 5/28/04 – 1 page
- Chart notes 6/7/04 – 1 page
- Texas Workers Compensation work status report 5/14/04 – 1 page
- Chart notes 6/16/04 – 1 page
- Texas Workers Compensation work status report 6/16/04 – 1 page
- Chart notes 6/22/04 – 1 page
- Texas Workers Compensation work status report 6/22/04 – 1 page
- Progress notes 5/3/04 – 1 page
- Handwritten progress notes 7/6/04 – 1 page
- Initial medical report 6/29/04 – 2 pages
- Letter from Dr. Athari, MD 6/29/04 – 1 page
- Patient questionnaire 2 pages
- Texas Workers Compensation work status report (undated) – 1 page
- MRI left hand report 7/2/04 – 1 page
- MRI left wrist report 7/2/04 – 1 page
- Progress notes 5/3/04 – 1 page
- Follow up notes 7/6/04 – 1 page
- EMG/NCV report 7/12/04 – 3 pages
- Progress notes 7/20/04 – 1 page
- Follow up notes 7/20/04 – 1 page
- Progress notes 7/29/04 – 1 page
- Follow up notes 7/29/04 – 2 pages
- Progress notes 8/3/04 – 1 page

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- Follow up notes 8/3/04 – 1 page
- Progress notes 8/10/04 – 1 page
- Follow up notes 8/10/04 – 1 page
- Progress notes 8/24/04 – 1 page
- Follow up notes 8/24/04 – 1 page
- Progress notes 8/31/04 – 1 page Note from Dr. Alschier 8/31/04 – 1 page
- Progress notes 9/9/04 – 1 page
- Note from Dr. Athari, MD 9/9/04 – 1 page
- Progress notes 9/14/04 – 1 page
- Note from Dr. Athari, MD 9/14/04 – 1 page
- Progress notes 9/20/04 – 1 page
- Note from Dr. Athari, MD 9/20/04 – 1 page
- Progress notes 10/11/04 – 1 page
- Follow up notes 10/11/04 – 1 page
- Required medical examination notes 10/15/04 – 5 pages
- Functional capacity evaluation 10/18/04 – 9 pages
- Texas Workers Compensation work status report 11/1/04 – 1 page
- Progress notes 10/25/04 – 1 page
- Follow up notes 10/25/04 – 1 page
- Progress notes 11/8/04 – 1 page
- Follow up notes 11/8/04 – 1 page
- Progress notes 11/23/04 – 1 page
- Follow up notes 11/23/04 – 1 page
- Progress notes 12/21/04 – 1 page
- Follow up notes 12/7/04 – 1 page
- Progress notes 12/14/04 – 1 page
- Follow up notes 12/14/04 – 1 page
- Texas Workers Compensation work status report 12/14/04 – 1 page
- Progress notes 1/3/05 – 1 page
- Follow up notes 1/3/05 – 1 page
- Progress notes 1/24/05 – 1 page
- Follow up notes 1/24/05 – 1 page
- Progress notes 2/8/05 – 1 page
- Follow up notes 2/8/05 – 1 page
- Initial medical report 3/23/05 – 2 pages
- Subsequent medical report 4/11/05 – 2 pages
- Texas Workers Compensation work status report 4/11/05 – 1 page
- Subsequent medical report 5/10/05 – 2 pages
- Texas Workers Compensation work status report 5/10/05 – 1 page
- Analysis of injured employee's condition report 6/2/05 – 1 page
- Subsequent medical report 6/16/05 – 2 pages
- Texas Workers Compensation work status report 6/6/05 – 1 page
- Initial consultation report and findings 6/20/05 – 2 pages

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- Mental health evaluation 6/29/05 – 6 pages
- Report of medical evaluation form 6/30/05 – 1 page
- Designated doctor evaluation report 6/30/05 – 6 pages
- Summary report 7/5/05 – 2 pages
- Letter from Dr. Varon, MD 7/12/05 – 1 page
- Subsequent medical report 7/19/05 – 2 pages
- Texas Workers Compensation work status report 7/19/05 – 1 page
- Subsequent medical report 8/23/05 – 2 pages
- Texas Workers Compensation work status report 8/23/05 – 1 page
- Medical Dispute Resolution 9/8/05 – 1 page
- Subsequent medical report 9/28/05 – 2 pages
- Texas Workers Compensation work status report 9/28/05 – 1 page
- Subsequent medical report 11/1/05 – 2 pages
- Texas Workers Compensation work status report 11/1/05 – 1 page
- Texas Workers Compensation work status report 12/6/05 – 1 page
- Physical therapy initial evaluation 5/27/04 – 3 pages
- Physical therapy plan of care 5/27/04 – 2 pages
- Physical therapy daily notes 6/3/04 – 1 page
- Physical therapy progress note 6/3/04–6/15/04 – 4 pages
- Physical therapy daily notes 6/15/04 – 2 pages
- Progress notes 3/23/05 – 1 page
- Initial evaluation 3/29/05 – 2 pages
- Progress notes 4/4/05–5/16/05 – 5 pages
- Physical therapy progress note 5/17/05 – 2 pages
- Progress notes 5/31/05–6/1/05 – 2 pages
- Individual psychotherapy progress note 6/14/05 – 1 page
- Progress notes 6/15/05– 1 page
- Individual psychotherapy progress note 6/21/05–6/28/05 – 3 pages
- Progress notes 6/29/05–7/7/05– 2 pages
- Payment of compensation or notice of refused/disputed claim undated – 2 pages
- Employers first report of injury or illness 5/3/04 – 1 page
- Northeast Medical Center Hospital radiology report 2/14/04 – 1 page
- Lab results 2/17/04 – 8 pages
- ECG 2/14/04 – 1 page
- Emergency department assessment record 2/14/04 – 2 pages
- ECG 2/14/04 – 1 page
- Consultation 2/15/04 – 2 pages
- ECG 2/15/04 – 1 page
- History and physical 2/15/04 – 1 page
- Northeast Medical Center Hospital radiology report 2/16/04 – 3 pages
- Discharge summary 2/17/04 – 2 pages
- Duplicate Records Various dates – 20 pages

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Summary of Treatment/Case History:
The records indicate the patient alleges an industrial injury on ___ while employed by Wal-Mart Stores, Inc., as a Salesperson/Stocker. The patient alleges she was picking up a box when it slipped out of her hands causing her to injure her left hand and wrist. Other records indicate the patient alleges the injury occurred while she was carrying a stack of clothing when her wrist began to hurt. The records further indicate the patient has been seen by a multitude of various providers including: Creed Abell, M.D., Kham Lua, M.D., Jerry Sessions, M.D., Ping F. Wong, M.D., Edward Baptista, M.D., Melissa D. Tonn, M.D., Michael Hamby, D.C., Winlow P. Eduaaarte, Walter E. Graham, M.D., M. Athari, M.D., J. Antonio Robles, M.D., Dr. Atschier, Dean R. McMillan, M.D., Nestor Martinez, D.C., Dipti Patel, D.C., Jeremy White, M.D., Michele G. Zamora, M.Ed., Jacobo Varon, M.D., Denise Turboff, M.Ed., and Edid G. Ramos-Rivas, M.D. The patient has received physical therapy, x-rays, MRI's, electrodiagnostic testing, injections, medications, wrist supports, functional capacity evaluations, work conditioning and then a request for surgery. The original diagnosis was sprain/strain of the left wrist. Then it became left wrist tendinitis, then left wrist tenosynovitis, then De Quervain's tenosynovitis, then became carpal tunnel syndrome. Each successive provider has changed the diagnosis.

On 3/23/05 the patient presented to the office of Pain & Recovery Clinic of North Houston. There does not appear to have been a referral from any other provider as none are mentioned in the Initial Medical Report. Dean R. McMillan, M.D., Medical Director of Pain & Recovery Clinic of North Houston indicated the patient had DeQuervain's tenosynotivitis of the left wrist and carpal tunnel syndrome of the left wrist and would undergo active rehabilitation, passive modalities, referral to a hand surgeon and follow up visits. In this facility the patient was seen by Dean McMillan, M.D., Nestor Martinez, D.C., Dipti Patel, D.C., Michele Zamora, M.Ed., and Denise Turboff, M.Ed. The patient received physical therapy, psychosocial therapy, and prescriptions for medications. The most recent Daily Progress Note dated 7/7/05 indicates the patient's pain level remained the same, the only measurable objective finding was restricted range of motion of the wrist and diminished grip strength. The treatment consisted of therapeutic exercises, neuromuscular re-education, manual therapy, heat, EMS, and paraffin bath. There is a notation indicating the treatment plan was being placed on hold because of the patient's complaint of ongoing wrist pain.

The records reflect that the services by Pain & Recovery Clinic of North Houston were objected to by the carrier as well as referral for hand/wrist surgery.

There is no evidence the patient was ever released from active care.

Questions for Review:
Preauth denied for 20 session of work hardening.

Explanation of Findings:
Preauth denied for 20 session of work hardening.

There is no documentation indicating the patient ever received work hardening (work conditioning). When the patient self-procured treatment at Pain & Recovery Clinic of North Houston she did not

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receive work conditioning. Work conditioning is a highly specialized rehabilitation program that spans the transition from traditional rehabilitation therapies to return to work by simulating workplace activities and surroundings in a monitored environment. Programs may be developed and carried out by an occupational therapist and/or physical therapist. The goal is to create an environment in which returning workers can rebuild psychological self-confidence and physical reconditioning by replicating their work routine. In the present case the patient did not require work conditioning/hardening, but should have been in a self-directed home exercise program of strengthening, stretching, increasing flexibility and muscle tone. The patient had been seen by a myriad of various providers, none of which had resolved the patient's complaints. It is unclear why anyone thought that more of the same would have any more impact on the patient's complaints than already achieved. What was provided to this patient was standard physical therapy and unneeded mental therapy.

The use of chiropractic treatment for the wrist complaints is highly questionable. Chapter 11, on page 265 of the ACOEM guidelines, indicates, “Manipulation has not been proven effective for patients with pain in the hand, wrist, or forearm. Studies show that therapeutic touch is no better than placebo in influencing median-motor-nerve distal latencies, pain scores, and relaxation scores.” Continuing on page 265, the guidelines state, “Physical modalities, such as massage, diathermy, cutaneous laser treatment, “cold” laser treatment, ……have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms.” There is a lack of high-quality studies that indicate any efficacy in chronic hand, wrist, or forearm complaints by any passive physical therapy modalities. The American College of Occupational and Environmental Medicine clearly indicates the lack of efficacy of passive chiropractic manipulation or passive physical therapy modalities when addressing wrist complaints due to an alleged industrial injury. On page 260-261, the guidelines indicate that Carpal Tunnel Syndrome "does not produce hand or wrist pain. It most often causes digital numbing or tingling primarily in the thumb, index, and long finger or numbness in the wrist. Symptoms of pain, numbness, and tingling in the hands are common in the general population, but based on studies, only about one in five symptomatic subjects would be expected to have CTS based on clinical examination and electrophysiologic testing." On page 271 under Summary of Recommendations and Evidence (Table 11-7) physical treatment methods recommended include instructions for home exercise, optional is at-home applications of heat or cold packs, and what is not recommended is passive modalities, TENS units, or biofeedback.

Conclusion/Decision to Not Certify:
Medical necessity is not shown for any services provided by Pain & Recovery Clinic of North Houston, including physical therapy, chiropractic treatment, psychosocial counseling, medications, injections, or work hardening (work conditioning), etc.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:
This decision is based upon multitudinous documentation, local and national community standards and the following reference:

References Used in Support of Decision:
Occupational Medicine Practice Guidelines, 2nd Edition, American College of Occupational and

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Environmental Medicine, OEM Press, 2004. Citations are referenced in the text of the discussion.

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This reviewer has been provided by a licensed chiropractor in active practice for over twenty years. This reviewer is a Board eligible Chiropractic Orthopedist and is a member of their state Chiropractic Association and the American Chiropractic Association. This reviewer specializes in disability evaluation, industrial injuries, roentgenology and independent medical examinations and is active in continuing education related to disability and impairment ratings. The reviewer has additional qualifications and training in Acupuncture. This reviewer is certified by their State Chiropractic Association in Industrial Disability examinations and evaluations.

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 / Appeals Clerk
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.
MRIoA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIoA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIoA represent the opinions of the physician reviewers and clinical

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advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIoA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIoA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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Case Analyst: Cherstin B ext 597/Jamie C ext 583

Cc: requestor and respondent