

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-03-3605.M5**

MDR Tracking Number: M5-03-0495-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The 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 MRI, aquatic therapy, office visits, therapeutic procedure, physical performance test, somatosensory testing, sense conduction test, nerve conduction velocity, H reflex testing and special reports 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 Division has determined that MRI, aquatic therapy, office visits, therapeutic procedure, physical performance test, somatosensory testing, sense conduction test, nerve conduction velocity, H reflex testing and special reports fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 1/16/02 to 5/1/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 13<sup>th</sup> day of May 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division  
NLB/nlb

April 30, 2003

Re: MDR #: M5-03-0495-01

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic Medicine.

Clinical History:

This male claimant sustained an injury to his upper extremities and lower back while on his job on \_\_\_\_\_. His initial treatment plan on 11/21/01 was physical medicine daily for two weeks and then rehabilitation three times a week for six weeks.

Disputed Services:

Services from 01/16/02 through 05/01/02, which include:

- MRI
- Aquatic therapy
- Office visits
- Therapeutic procedures
- Physical performance tests
- Somatosensory test
- Sense conduction test
- Nerve conduction velocity
- H-reflex
- Special reports.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the requested procedures were not medically necessary in this case.

Rationale for Decision:

A physician note dated 12/27/01 stated that the patient should be able to return to work in January. He also found that the MRI of the shoulder was unremarkable. He also noted an unremarkable elbow and shoulder series. On exam on 12/27/01, it was reported that the patient also had full range of motion of the elbow and shoulder.

The patient had the diagnosis of shoulder strain and elbow strain and possible shoulder impingement, with the shoulder impingement ruled out by the MRI. Six to eight week would be sufficient for this injury to heal, with treatment beginning as early as 11/21/01, and being treated daily for two weeks, then three times a week for six weeks. No daily notes during the initial treatment plan were provided for return; therefore, no information was provided to document that further treatment was needed. No information showed a referral out.

I am the Secretary and General Counsel of \_\_\_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,