

MDR Tracking Number: M5-03-0531-01

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 office visits, phonophoresis, supplies, unlisted supplies, therapeutic exercises, aquatic therapy, joint mobilization, massage therapy, special reports, injection, ultrasound and electrical stimulation was 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 office visits, phonophoresis, supplies, unlisted supplies, therapeutic exercises, aquatic therapy, joint mobilization, massage therapy, special reports, injection, ultrasound and electrical stimulation 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 5/6/02 to 8/9/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 2nd day of April 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

March 31, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Orthopedic Surgery. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ is a 44-year-old male who was injured on ___ while he was working. He was struck by a tire rack and injured his right arm and chest area. He went to see ___, a chiropractor, on June 7, 2001 and began extensive chiropractic treatments and physical medicine modalities for the next fourteen months. He had a MRI of the neck on October 27, 2001 that revealed only a small midline disc protrusion at C5/C6. He had a MRI of the shoulder done on October 6, 2001 that revealed degenerative changes and spurring in the acromioclavicular joint with evidence of a possible incomplete tear of the supraspinatus tendon. He was referred to ___, an orthopedic surgeon, some five months after the injury. He saw ___ on October 27, 2001 and he underwent shoulder decompression and capsular repair on January 25, 2002. After the surgery, the patient was again given extensive chiropractic rehabilitation treatment in ___ office. These services continued at least through August 9, 2002. The carrier is disputing services from May 6, 2002 through August 9, 2002 as unnecessary.

DISPUTED SERVICES

Under dispute are services rendered from 5/6/02-5/20/02, 5/24/02-5/27/02, and 5/29/02-8/9/02. Items in dispute include office visits, phonophoresis, supplies, unlisted supplies, therapeutic exercises, aquatic therapy, joint mobilization, massage therapy, special reports, injection, ultrasound and electrical stimulation.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

After reviewing the records provided, the reviewer agrees with the carrier. The patient had arthroscopic shoulder decompression with thermal capsular tightening of the shoulder on January 25, 2002. His formal rehabilitation in the chiropractor's office should have been completed by three months post-surgery. He should have then been doing home exercises and should have been back at a limited duty work capacity. The reviewer finds the services provided to ___ after May 6, 2002 to be unnecessary.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,