

MDR Tracking Number: M5-03-0813-01

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 **or January 1, 2003** and Commission Rule 133.305 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 Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits, required reports, and physical therapy sessions were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these services.

The above Findings and Decision are hereby issued this 9<sup>th</sup> day of May 2003.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 6-4-02 through 10-4-02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 9<sup>th</sup> day of May 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/dzt

May 7, 2003

Re: Medical Dispute Resolution  
MDR #: M5-03-0813

Dear

\_\_\_ 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 36-year-old male claimant experienced a pop in his right shoulder when he was involved in a work-related accident on \_\_\_\_\_. Initial treatment revealed that the patient was experiencing a shoulder impingement/rotator cuff anomaly. Rehabilitation applications designed to prevent further ROM loss and increase muscular strength were implemented. MRI of the right shoulder on 06/19/02, revealed tenosynovitis of the long head of the biceps, and a subacromial pseudo-spur impinging on the suprapinatus, which produces supraspinatus tendinosis.

Following a course of conservative physical therapy applications, where the patient showed slow ROM improvement, a surgeon diagnosed the patient with an A/C joint injury with impingement. The patient was referred to surgery.

Operative diagnosis on 08/14/02, reflected a superior labrum anterior and posterior (SLAP) repair, arthroscopic subacromial decompression, debridement and rotator cuff repair.

Disputed Services:

Office visits, special reports and physical therapy from 06/04/02 through 10/04/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the office visits, reports and therapy during this period were medically necessary in this case.

Rationale for Decision:

The treatment provided was appropriate, given the patient's medical history, mechanism of injury, and necessity for surgical applications. Conservative applications were initiated by the provider on 06/03/02, following an initial examination. The patient's pain history and severity warranted the application of rehabilitation models that stressed the injured tissue in the least painful fashion.

The aquatic program designed to activate the musculature of the shoulder girdle in a medium that allows less unloading on joint structures, resulted in a lessened degree of perceived pain with the imposed rehabilitation model. An aquatic medium also provides a safer environment in which to explore end-range motion, so that it can be maintained. Any noxious stimuli can alter the biomechanics of a given motion so that the pain perceived is lessened. This alteration of motion can establish pathological movement patterns that may complicate further rehabilitative efforts. An aquatic program is an appropriate choice for the immediate initiation of postoperative rehabilitation programs that coincides with the surgical provider's request to initiate rehabilitation in 24-48 hours.

Progression of therapeutics was demonstrated and a transition to land-based protocols occurred on 09/27/02, nearly five weeks after the 08/14/02 surgery. An FCE was performed on 10/21/02 in an attempt to implement higher therapeutic applications.

Clinical References:

- Kelly, B. T., Roskin, L.A., Kirkendall, D.T., Speer, K.P., *Shoulder Muscle Activation During Aquatic and Dry Land Exercises in Non-Impaired Subjects.* J. Orthop. Sports Phys. Ther. 2000, April, 30(4):204-210.
- Ludewig, P.M., Cook, T.M., *Alterations in Shoulder Kinematics and Associated Muscle Activity in People with*

- *Symptoms of Shoulder Impingement.* Phys. Ther. 2000, March, 80(3):276-91.
- Virji-Dabul, N., Cooke, J.B., Brown, S.H. *Effects of Gravitational Forces on Single Joint Arm Movements in Humans.* Exp. Brain Res., 1994, 99(2): 338-46.
- *Clinical Practice Guidelines for Chronic Non-Malignant Pain Syndrome Patients II: An Evidence-Based Approach.* J. Back Musculoskeletal Rehabil., 1999, Jan 1, 13:47-58.

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,