

MDR Tracking Number: M5-03-1021-01

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 \$650.00** 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 treatment/service rendered 4-15-02 to 6-20-02 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these charges.

The above Findings and Decision is hereby issued this 16th 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 4-15-02 through 6-20-02 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 16th day of May 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/dzt

April 1, 2003

Rosalinda Lopez  
Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

Re: Medical Dispute Resolution  
MDR #: M5.03.1021.01  
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

\_\_\_ 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 Board Certified in Orthopedic Surgery.

**Clinical History:**

This 35-year-old man injured his right shoulder in the course of his job on \_\_\_\_. Clinical exam and imaging studies diagnosed a rotator cuff tear. A rotator cuff repair and acromioplasty of his right shoulder was done on 02/03/02, following by physical therapy from 04/15/02 through 07/25/02.

**Disputed Services:**

The following physical therapy modalities during the period of 04/15/02 through 07/25/02:

- Ultrasound therapy
- Myofascial release
- Therapeutic exercises

- Electrical stimulation
- Hot or cold pack therapy
- Office visits
- Muscle testing
- Functional capacity evaluation
- Therapeutic activities

**Decision:**

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the physical therapy modalities as outlined above were medically necessary in this case.

**Rationale for Decision:**

This patient had 42 physical therapy visits that included the modalities listed in "Disputed Services". Multiple reports on his progress were made to his physician, with an objective report of his progress included at intervals. The patient was compliant with his treatment, made excellent progress objectively and subjectively, and worked a limited amount on restricted lifting during part of his treatment.

In the postoperative physician notes, there is progressive evidence of improvement in his shoulder function, both objectively and subjectively. At the visit following his last physical therapy treatment, his physician reports excellent postoperative progress and anticipates further improvement. The patient was working on exercises at home at that time, and had returned to work full-time by the time of his last physical therapy visit on 07/25/02.

This patient's job requires lifting and carrying, climbing ladders, and overhead work. This is not an unusual amount of physical therapy following this type of surgery, particularly for an individual who is going to return to full-time to unrestricted work of this type.

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,