

MDR Tracking Number: M5-03-1481-01

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 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(q)(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 treatment, including office visits with manipulations, myofascial release, manual and mechanical traction, joint mobilization, therapeutic exercises, special reports, hot/cold packs, electrical stimulation and neuromuscular re-education were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for this treatment, including office visits with manipulations, myofascial release, manual and mechanical traction, joint mobilization, therapeutic exercises, special reports, hot/cold packs, electrical stimulation and neuromuscular re-education charges.

This Finding and Decision is hereby issued this 9<sup>th</sup> day of July 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer

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 2/14/02 through 8/7/02 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 July 2003.

David R. Martinez, Manager  
Medical Dispute Resolution  
Medical Review Division

DRM/crl

June 26, 2003

Re: Medical Dispute Resolution  
MDR #: M5-03-1481-01  
IRO Certificate No.: 5055

\_\_\_ 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 female claimant injured her right shoulder, right wrist, and cervical spine in a work-related accident on \_\_\_. Neurodiagnostics on 11/29/01 revealed a median neuropathy, ulnar neuropathy, and a C-7 radiculopathy.

MRI of the right wrist on 12/14/01 yielded findings consistent with carpal tunnel syndrome/median nerve entrapment. MRI of the right shoulder on 01/15/02 indicated a moderately large partial-thickness tear of the supraspinatus tendon. MRI of the cervical spine on 03/20/02 revealed 2.0 mm bulges at the C2-3, C4-5, and C5-6 regions, with the central canal remaining adequate at all levels. MRI of the right hand/thumb on 03/20/02 showed minimal osteoarthritis of the thumb metacarpophalangeal joint.

The patient underwent right shoulder arthroscopy on 03/25/02. Upon evaluation on 04/10/02, she was not placed at Maximum Medical Improvement (MMI). Follow up MRI in 4-6 months

following this examination was assigned. The patient has since been treated from 02/14/02 through 08/07/02, engaging in pre-surgical and post-surgical physical therapy applications.

Disputed Services:

The following services during the period of 02/14/02 through 08/07/02:

- office visits w/manipulations
- myofascial release
- manual & mechanical traction
- joint mobilization
- therapeutic exercises
- special reports
- hot/cold packs
- electrical stimulation
- neuromuscular re-education.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the services in question listed above were medically necessary in this case.

Rationale for Decision:

The provider is warranted to provide therapeutic applications from 02/14/02 through 08/07/02. The patient's mechanism of injury has presented a myriad of musculoskeletal conditions, such as bulging cervical discs of the C2-3, C4-5, and C5-6 regions; a median neuropathy, ulnar neuropathy, and a C-7 radiculopathy; a right supraspinatus tear that required surgical correction; and possible carpal tunnel syndrome. Standard rehabilitative practices require a patient to maintain physical therapy efforts prior to a surgical procedure, including a shoulder surgery. Standard practice warrants post-operative rehabilitation with therapeutic progression to active patient-driven applications. FCE is necessary to establish a baseline of data that will allow progression to higher levels of care, if applicable.

It should be noted that the designated doctor found in examination on 04/10/02 that the patient was not at MMI and would require approximately 3-4 months of care with a distinct possibility of work hardening or pain management being required.

Clinical Guidelines:

- *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.
  
- *Overview of Implementation of Outcome Assessment Case Management in the Clinical Practice.* Washington State Chiropractic Association; 2001, 54 p.

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,