

MDR Tracking Number: M5-03-1492-01

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Review Division has determined that **medical necessity was the only issue** to be resolved, as the fee issues were withdrawn on 6/20/03. The four (4) units of therapeutic procedures per day and remaining treatment was found to be medically necessary. No medical necessity was found for dates of 4/16/02, 4/18/02, 4/23/02 and 4/25/02. No medical necessity was found for therapeutic procedures in excess of four (4) units per day, and/or joint mobilization. The respondent raised no other reasons for denying reimbursement for these four (4) units of therapeutic procedures per day and remaining treatment 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 4/15/02 through 7/18/02 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.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/crl

April 17, 2003

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

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\_\_\_ 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.

This case was reviewed by a licensed Doctor of Chiropractic. 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

\_\_\_ was injured on the job with the \_\_\_ when she was driving a bus and the door opener stuck. As she was trying to close the door, she injured her right shoulder and low back. She began treatment at the clinic of \_\_\_ 4 days later and was begun on a treatment program by \_\_\_. She was treated with passive and active care until July 5, 2002. MRI revealed a tear of the rotator cuff and she eventually underwent arthroscopic surgery of the right shoulder, having exhausted conservative methods of treatment. EMG of the lower extremities did indicate a S1 radiculopathy and meralgia paresthetica. The position statement of the treating doctor gave insight into the need for treatment. The carrier's reviewer, \_\_\_ indicated that he did not find medical necessity for rehabilitation of this patient due to a lack of documentation. The report was dated October 18, 2002. \_\_\_ position statement indicated that he felt an effort should be made to rehabilitate a patient before surgery is approved.

#### DISPUTED SERVICES

The carrier has denied the necessity of supplied, myofascial release, joint mobilization, physical medicine treatment, neuromuscular re-education, gait training, traction and therapeutic activities from April 15, 2002 through July 18, 2002.

## DECISION

The reviewer agrees with the prior adverse determination regarding all dates of therapeutic procedures in excess of 4 units per day. Up to 4 units per day are reasonable. The reviewer agrees with the prior adverse determination with reference to joint mobilization. The reviewer agrees that there is no medical necessity for the dates of April 16, 18, 23 and 25, 2002.

The reviewer disagrees with the prior adverse determination for the remaining treatment rendered.

## BASIS FOR THE DECISION

The documentation demonstrates an extensive attempt to help a patient avoid a surgical procedure on the shoulder, which would be reasonable in most circumstances, especially since the patient was not an obvious case, but rather borderline. It was certainly worth an effort to rehabilitate the injury site. It is clearly beneficial to a patient to undergo care that will improve conditioning before surgery, but there were points of overuse on this case. No more than 4 units per day of therapeutic activities would be reasonable, considering the other treatments rendered. No joint mobilization would be considered reasonable, as this is a form of manipulation which is covered in the basic office visit. There is no documentation that would lead me to believe that this patient was in such serious condition as to need daily treatment in from April 16 through April 25, 2002. All of the other care was documented quite well and was within what would be considered the protocol of the TCA Guidelines to Quality Assurance and existing standards of care.

\_\_\_ 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,