

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-03-4477.M5**

MDR Tracking Number: M5-03-1559-01

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, physical therapy and unlisted therapeutic procedures were 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 the office visits, physical therapy and unlisted therapeutic procedures 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 9/18/02 to 10/16/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 15<sup>th</sup> day of July 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

July 8, 2003

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-1559-01  
IRO Certificate #: IRO 4326

The \_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians 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 this case.

### Clinical History

This patient sustained an injury on \_\_\_ while opening windows on the school bus he drives. One window was jammed and he yanked his right shoulder trying to open it. He saw a chiropractor for initial treatment and therapy. A right shoulder MRI from 10/17/97 revealed a rotator cuff tear and subluxations of the humeral head.

### Requested Service(s)

Office visits, physical therapy, and unlisted therapeutic procedure from 09/18/02 through 10/16/02

### Decision

It is determined that the office visits, physical therapy, and unlisted therapeutic procedure from 09/18/02 through 10/16/02 were not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

Review of the medical records does not show the necessity for the applications rendered. The therapeutic progression of this patient over the 6-year history with this provider is not fully realized from review of the medical records. It is not clear why this patient continues to be treated with passively applied therapeutics.

There is no record of any multidisciplinary treatment over the patient's history with this provider. It is realistic to engage in a conservative course of chiropractic/physical therapy management following the initial injury date of \_\_\_. It is not realistic to believe that the same course of conservative management is appropriate to treat this patient's condition some six years post-injury. The reviewed medical record does not demonstrate how the provider's treatment has an effect on this patient's work ability or functional baseline. Active range of motion has increased, but this is only a portion of an entire dynamic that must be measured to determine if an applied application is a beneficial therapeutic course for the patient.

At this point, it is not clear why the provider has not implemented greater invasive applications to control this patient's pain complex. It is not appropriate to continue to engage passive therapeutics with this patient; prolonged passive applications can foster dependency of care issues that will further complicate this case. It is appropriate for this patient to engage in active, patient-driven treatment applications; the patient must be advised on the necessity of a home rehabilitation

program. Continued clinical supervision, in the manner applied by this provider, is no longer warranted. Therefore, it is determined that the office visits, physical therapy, and unlisted therapeutic procedure from 09/18/02 through 10/16/02 were not medically necessary.

The aforementioned information has been taken from the following guidelines of clinical practice and clinical references:

- *Overview of implementation of outcome assessment case management in the clinical practice.* Washington State Chiropractic Association; 2001. p. 54.
- *Washington State Department of Labor and Industries.* Criteria for shoulder surgery; 2002 Mar. 4 p.

Sincerely,