

MDR Tracking Number: M5-03-1594-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on February 24, 2003.

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 test and office visits were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for test and office visit charges.

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 7/12/02 through 10/8/02 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 12<sup>th</sup> day of September 2003.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division  
MQO/mqo

September 8, 2003

#### **NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M5-03-1594-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the \_\_\_ external review panel. This \_\_\_ reviewer has been certified for level 2 of the TWCC ADL requirements. This physician is board certified in internal medicine. The \_\_\_ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ physician reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 43 year-old male who sustained a work related injury on \_\_\_. The patient reported that while at work he was holding a piece of steel that was suspended by a crane. The piece of steel began to fall and the patient attempted to catch it causing injury to his right shoulder and back. The patient has undergone an MRI of the right shoulder on 8/11/01, MRI of the cervical spine on 8/15/01, MRI of the lumbar spine on 1/7/02, MRI of the cervical spine on 5/3/02 and a repeat MRI of the right shoulder on 5/9/02. The patient underwent a right shoulder manipulation under anesthesia, arthroscopy, anterior and superior glenoid labral debridement, subacromial decompression, with intra-operative diagnosis of an impingement syndrome, anterior and superior glenoid labral tears and right shoulder adhesive capsulitis 1/9/02. Post surgically the patient was treated with physical therapy. The patient has been treated with exercises, heat/ice, massage, pain clinic, physical therapy, TENS unit, ultrasound and one cervical epidural injection.

### Requested Services

Tests and office visits from 7/12/02 through 10/8/02.

### Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

### Rationale/Basis for Decision

The \_\_\_ physician reviewer noted that this case concerns a 43 year-old male who sustained a work related injury on \_\_\_. The \_\_\_ physician reviewer noted that the patient underwent a physical performance evaluation on July 12, 2002 and was reported to have tested in the "no work" level. The \_\_\_ physician reviewer indicated that the patient's condition was unchanged per evaluation notes on 7/22/02 and 8/8/02. The \_\_\_ physician reviewer also indicated that the progress notes from an evaluation on 10/8/02 indicated that the patient was "awaiting neck surgery & repeat shoulder surgery". The \_\_\_ physician reviewer explained that the routine office evaluations provided during the time period in question flow from and are related to the determination of the extent of injury and the treatment required for this injury. The \_\_\_ physician reviewer also explained that a physical performance evaluation is appropriate to ascertain a safe return to work status. Therefore, the \_\_\_ physician consultant concluded that the tests and office visits from 7/12/02 through 10/8/02 were medically necessary to treat this patient's condition.

Sincerely,