

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

SOAH DOCKET NO. 453-03-3645.M5

MDR Tracking Number: M5-03-1850-01

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 physical therapy sessions 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 physical therapy session 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 9/13/02 to 10/23/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 15th day of May 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division
CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 13, 2003

RE: MDR Tracking #: M5-03-1850-01
IRO Certificate #: 5242

___ 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 proposed 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 an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery. The Orthopedic Surgeon physician reviewer 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

The claimant underwent clinical evaluation 7/18/01 for persistent shoulder pain status post arthroscopic acromioplasty and acromioclavicular ligament resection. The clinical impression at that time was degenerative joint disease of the acromioclavicular joint and a distal clavicle resection was recommended. On 7/18/02 an arthroscopic distal clavicle excision was performed. The next documented clinical visit occurred on 10/24/02 at which time the claimant indicated the shoulder had improved slightly.

Requested Service(s)

Physical therapy sessions on 9/13/02 through 10/23/02.

Decision

I agree with the insurance carrier that the physical therapy sessions on 9/13/02 through 10/23/02 were not medically necessary.

Rationale/Basis for Decision

There is no clearly documented clinical rationale that indicates the medical necessity of active physical therapy intervention 2 months post arthroscopic distal clavicle excision. Generally, arthroscopic distal clavicle excision allows rapid recovery of normal function and strength. The procedure is performed in an outpatient setting and patients are generally managed well with a home exercise program. There is no documentation indicating complications or other indications that would indicate the medical necessity of active physical therapy intervention 2 months status post arthroscopic distal clavicle excision.