

**THIS MDR TRACKING NO. WAS WITHDRAWN.
THE AMENDED MDR TRACKING NO. IS: M5-04-0245-01**

MDR Tracking Number: M5-03-1989-01

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 4/7/03.

On 8/28/03, the requestor submitted a withdrawal of fee issues in the file, therefore, dates of service 1/13/03 through 1/17/03 will not be discussed further in this Finding and Decision. Date of service 1/24/03 was paid, and payment received per the requestor, therefore this date is no longer being disputed and will not be mentioned further in this Finding and Decision.

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 \$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 work hardening **was** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the work hardening.

This Finding and Decision is hereby issued this 2nd day of September 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 12/30/02 through 1/10/03 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 2nd day of September 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/crl Enclosure: IRO Decision

July 29, 2003

Re: Medical Dispute Resolution
 MDR #: M5-03-1989-01
 TWCC#:
 IRO Certificate No.: IRO 5055

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI 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 left hand, right shoulder, and right lower quarter on ___ in a work-related accident. MR imaging of the right shoulder on 04/23/02 revealed a Grade II-III tear of the supraspinatus tendon, full-thickness tear over the anterior aspect of the supraspinatus musculotendinous junction, and possible bicipital tendonitis. MR imaging of the hips on 04/23/02 were unremarkable. Shoulder surgery consisting of right shoulder arthroscopic subacromial decompression and a mini open rotator cuff repair was performed on 06/20/02.

The patient was evaluated on 09/17/02 in a Required Medical Examination (RME) and was found to not be at Maximum Medical Improvement (MMI), and further therapy was warranted. Functional Capacity Evaluations (FCE) on 11/04/02 revealed sedentary physical demand level (PDL) and the FCE on 01/24/03 revealed a light/medium PDL. On 03/15/03 a Designated Doctor Evaluation (DDE) showed the patient was not a MMI, and further treatment was warranted. The patient completed work hardening applications from 12/30/02 through 01/10/03.

Disputed Services:

Work hardening services from 12/30/02 through 01/10/03.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the work hardening program was medically necessary in this case.

Rationale:

The patient sustained a significant trauma that resulted in a Grade II-III tear of the right supraspinatus musculature. She failed conservative management. Surgery was performed on 06/20/02. After months of uni-disciplinary rehabilitation applications, it was appropriate for the patient to be transitioned to an upper-level therapeutics program like work hardening. A work hardening program offered a multi-disciplinary approach to treating the patient's functional deficits.

The medical records provided for review show that on two occasions, 09/17/02 and 03/15/03, the patient was found by an independent physician to not be at MMI. The work demands of this patient require a wide degree of repetitive motions and stability over the shoulder girdle region. If this employee returns to her previous position without the shoulder girdle stability that may be obtained in a work hardening program, it may lead to the possibility of greater injury.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer-reviewed clinical references:

McMahon, P.J., Lee, T.Q. *Muscles May Contribute to Shoulder Dislocation and Stability*. Department of Orthopedic Surgery and Musculoskeletal Research Center, University of Pittsburg, 3200 Water Street Pittsburgh, PA 15203, U.S.A.

Sanders, S.H., et al. *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.

I am the Secretary and General Counsel of Independent Review, Inc. 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,