

MDR Tracking Number: M5-03-2376-01

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, 2003 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 \$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 therapeutic procedure, joint mobilization, group therapeutic procedure, office visits and hot or cold packs were **found to be medically necessary**. The respondent raised no other reasons for denying reimbursement of physical medicine procedure 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 date of service 10/29/02 through 12/13/02.

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 8th day of August 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

August 4, 2003

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

MDR Tracking #: M5 03 2376 01
IRO #: 5251

___ 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

This patient was injured in his shoulder while in his normal scope of employment and was referred to the ___. He initially was treated beginning on ___ with physical medicine procedures, which were found to be unsuccessful after 1 week of care. The patient was found to have a left shoulder rotator cuff tear as well as bone spurs and was sent for arthroscopic surgical repair of the injury. Upon completion of the recovery period, ___ was sent back to ___ for post-surgical care. The patient was then found to be a candidate for MUA of the shoulder due to adhesions as well as a carpal tunnel release on the left wrist. Following the surgical procedure, he was returned for further rehabilitation and was treated with active rehab for a total of 24 sessions. He was released from care on December 30, 2002.

DISPUTED SERVICES

The carrier has denied the medical necessity of joint mobilization, therapeutic activities, group therapeutic procedures, office visits and hot/cold packs from October 29, 2002 through December 13, 2002.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

This patient was post surgical to both the shoulder and the wrist on the left side of his body. While under normal conditions this is a difficult situation, the patient was apparently motivated and the records do indicate a significant progress through the documented ranges of motion and strength measurements. The records also indicate that the care was appropriate for this patient's condition, especially considering the 2 surgical procedures he endured. All guidelines the reviewer consulted would have found this care reasonable. As a result, I would find the care to be necessary for this patient to resume his normal work.

___ 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,