

MDR Tracking Number: M5-03-2638-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 17, 2001 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, therapeutic activities/exercises, hot/cold packs, electrical stimulation, phonophoresis, joint mobilization, massage therapy and physical performance test 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, therapeutic activities/exercises, hot/cold packs, electrical stimulation, phonophoresis, joint mobilization, massage therapy and physical performance test 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 7/9/02 to 8/7/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19th day of August 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

August 7, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-2638-01

___ has performed an independent review of the medical records of the above-named case to ___ determine medical necessity. In performing this review, ___ 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 Board Certified in Orthopedic Surgery.

Clinical History:

This 37-year-old male injured his left shoulder in a work-related accident on ___. His first medical evaluation was done five days post-injury on ___. The initial diagnosis was sprain/strain of the left shoulder. He was treated with 22 physical therapy visits with multiple modalities at each visit.

An FCE was done on 04/29/02. On 06/10/02, a physician and physical therapy team conference was held and it was determined that the patient would be released for modified duty as of that date, with an anticipated date of Maximum Medical Improvement of 06/28/02.

On 06/14/02, an MRI of the patient's left shoulder showed a partial-thickness tear of the supraspinatus tendon. With that information on 07/03/02, three months after his injury, the patient was referred for orthopedic surgery consultation. The orthopedist injected his shoulder and prescribed additional physical therapy. A second subacromial injection with steroids was subsequently done. On 09/24/02, a follow-up FCE showed improved work capacity level. At that time, it was determined that the patient could return to work without restrictions on 10/28/02, seven months post-injury.

Disputed Services:

Office visits, therapeutic activities and exercises, hot/cold packs, electrical stimulation, phonophoresis, joint mobilization, massage therapy, physical performance test during the period of 07/09/02 through 08/07/02.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the services in question were not medically necessary in this case.

Rationale:

The MRI and Orthopedic referral were done because the patient was still symptomatic three months after the injury. This is not unusual in view of the MRI findings (partial-thickness tear of the rotator cuff), and diagnosis of impingement syndrome of the left shoulder. At that point, however, a decision should have been made promptly, determining whether this was a lesion requiring surgery, or not. If not, then a trial of one or two bursal injections was reasonable, continued moderate lifting restriction was reasonable, but additional physical therapy had no advantage over passing time and home exercise, and was clearly not medically necessary.

According to Texas Labor Code 408:021(a), an employee is entitled to the care reasonably required in association with their injury and the treatment thereof. If the patient's condition is not stable, the care to maintain and promote healing is medically necessary.

I am the Secretary and General Counsel of ___ 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,