

MDR Tracking Number: M5-03-3163-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 8-1-03.

The Medical Review 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 therapeutic exercises 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 Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 3-3-03 through 3-26-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 21st day of October 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division
DZT/dzt

September 18, 2003

Re: MDR #: M5-03-3163-01
IRO Certificate No.: IRO 5055

___ 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 54-year-old male sustained injury to his neck and left shoulder on ___, while he was working. He developed pain in the shoulder after the injury and could not move his shoulder away from his body without considerable pain. He was seen by an Orthopedic Surgeon. He had an MRI of the left shoulder and was felt to have a rotator cuff tear. He was given an injection in the subacromial area that gave him only temporary relief. He was felt to be a candidate for surgical repair of his torn rotator cuff. He underwent repair of the rotator cuff and excision of the distal clavicle with shoulder decompression on

12/05/02. After that procedure, he was given physical therapy that included therapeutic exercises. The physical therapy continued through 03/26/03, then was stopped.

The patient demonstrated improvement following his shoulder surgery. He continued to have some problems with his neck, but was declared to be at MMI on 05/28/03 by his Designated Doctor.

Disputed Services:

Therapeutic exercises (28 sessions) during the period of 03/03/03 through 03/26/03.

Decision:

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

Rationale:

The need for the additional 28 session of physical therapy during the period of time in question is not supported by the medical records provided for review. By 03/03/03, the claimant had completed some 24 session of therapy and had regained considerable motion and strength in his shoulder. The records support the fact that at that point in time he could have been followed by his surgeon regarding a home exercise program. After that many months of continued physical therapy the patient did not need the formal therapeutic exercise that was given during the three-week period of 03/13/03 through 03/26/03.

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,