

MDR Tracking Number: M5-03-3226-01

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 August 11, 2003.

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 aquatic therapy, therapeutic exercises, neuromuscular re-education, joint mobilization, and office visits 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 fees were the only fees involved in the medical dispute to be resolved. As aquatic therapy, therapeutic exercises, neuromuscular re-education, joint mobilization, and office visits were not found to be medically necessary, reimbursement for dates of service from 8/20/02 through 9/25/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 23<sup>rd</sup> day of October 2003.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division  
MQO/mqo

#### NOTICE OF INDEPENDENT REVIEW DECISION

October 13, 2003

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-3226-01  
IRO Certificate #: IRO4326

\_\_\_ 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 §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the rendered 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 a \_\_\_ physician reviewer who is board certified in Orthopedic Surgery which is the same specialty as the treating physician. The \_\_\_ 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

This patient injured his left shoulder on \_\_\_ mechanism unknown. He saw an orthopedic surgeon who performed a left shoulder arthroscopy with debridement of rotator cuff tear, anterior/superior labral tear, subacromial decompression, and distal clavicectomy on 06/14/02. The patient has been attending physical therapy for post operative treatment.

#### Requested Service(s)

Aquatic therapy, therapeutic exercises, neuromuscular re-education, joint mobilization, and office visits from 08/20/02 through 09/25/02

#### Decision

It is determined that the aquatic therapy, therapeutic exercises, neuromuscular re-education, joint mobilization, and office visits from 08/20/02 through 09/25/02 were not medically necessary to treat this patient's condition.

#### Rationale/Basis for Decision

After a shoulder arthroscopy, debridement, and distal clavicectomy, the physical therapy required is usually four to six weeks. By 08/20/03, the patient definitely achieved functional range of motion (ROM) to his left shoulder. No further supervised physical therapy was required after that time. Therefore, it is determined that the aquatic therapy, therapeutic exercises, neuromuscular re-education, joint mobilization, and office visits from 08/20/02 through 09/25/02 were not medically necessary.

Sincerely,