

MDR Tracking Number: M5-03-3338-01

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 5-27-03.

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 office visits, hot/cold packs, electrical stimulation, therapeutic exercises, and neuromuscular re-education 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 6-7-02 through 7-31-02 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 18<sup>th</sup> day of November 2003.

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

#### NOTICE OF INDEPENDENT REVIEW DECISION

November 7, 2003

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
7551 Metro Center Drive, Suite 100, MS 48  
Austin, TX 78744-1609

RE: MDR Tracking #: M5-03-3338-01  
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 \_\_\_ when he fell out of a pick-up truck. He dislocated his acromioclavicular joint and had surgery on 01/02/02. He attended physical therapy for rehabilitation.

#### Requested Service(s)

Office visits, hot or cold packs, electrical stimulation, therapeutic exercises, and neuromuscular re-education from 06/07/02 through 07/31/02

#### Decision

It is determined that the office visits, hot or cold packs, electrical stimulation, therapeutic exercises, and neuromuscular re-education from 06/07/02 through 07/31/02 were not medically necessary to treat this patient's condition.

#### Rationale/Basis for Decision

The documentation provided only satisfies the requirement to prove that services prescribed were, in fact, delivered. The necessity for such services is not documented in these records. It is not clear what injury was suffered or what surgery was performed. Therefore, it is determined that the office visits, hot or cold packs, electrical stimulation, therapeutic exercises, and neuromuscular re-education from 06/07/02 through 07/31/02 were not medically necessary.

Sincerely,