

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION:**

**SOAH DOCKET NO. 453-03-3603.M5**

MDR Tracking Number: M5-03-1637-01

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, 2002 **or January 1, 2003** 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 physical therapy treatment and services 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 medical necessity 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 4-15-02 through 7-29-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9th day of May 2003.

Dee Torres  
Medical Dispute Resolution Officer  
Medical Review Division

DZT/dzt

**NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** May 1, 2003

**Requester/ Respondent Address :** Rosalinda Lopez  
TWCC  
4000 South IH-35, MS-48  
Austin, Texas 78704-7491

**RE: MDR Tracking #:** M5-03-1637-01  
**IRO Certificate #:** 5242

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

\_\_\_ has performed an independent review of the proposed 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 an orthopedic surgeon physician reviewer who is board certified in orthopedic surgery. The orthopedic surgeon 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**

Claimant underwent arthroscopy for a compensable shoulder injury on \_\_\_\_. The treating physician documents on 03/01/02 that claimant was not experiencing excessive pain and instructed the claimant in a home exercise program. Subsequently the claimant underwent exhaustive physical therapy treatments during the months of April through July.

### **Requested Service(s)**

Physical therapy treatments and services rendered from 04/15/02 through 07/29/02.

### **Decision**

I agree with the insurance carrier that the physical therapy treatments and services rendered were not medically necessary.

### **Rationale/Basis for Decision**

There is no clearly documented clinical rationale to explain why a well structured home exercise program would be any less effective than active physical therapy in this clinical setting, particularly in light of a functional range of motion documented shortly after arthroscopy. There is no documentation of any significant complication to indicate the need for the therapy prescribed.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 9 <sup>th</sup> day of May 2003.
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