

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 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 physical therapy treatments 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 physical therapy treatment 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 3/11/02 to 5/3/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 15th day of July 2003.

Medical Dispute Resolution Officer
Medical Review Division
CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

Date: July 9, 2003

RE: MDR Tracking #: M5-03-1645-01
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 a chiropractor physician reviewer. The chiropractor 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

The claimant is a 41-year-old, right hand dominant, English speaking, female, 68 inches tall, weighs approximately 166 pounds, who allegedly injured her left shoulder while on the job when she was lifting a CBA onto a tray on

Claimant initiated care at ___ until late August 2001 then she sought chiropractic care. MRI was performed on 09/05/01 that revealed a small intra substance tear through the supraspinatus tendon. Claimant continued chiropractic care and was eventually referred to ___ who recommended injection, however; the claimant was reluctant to consider injections. The claimant was then referred to ___ who recommended and then performed arthroscopy of the left shoulder with repair and subacromial decompression for traumatic impingement syndrome with a possible full thickness tear on 11/14/01. Unremarkable nerve conduction studies were performed on 11/06/01 by technician _____ and interpreted by _____. Claimant completed at least 29+ postoperative chiropractic physical therapy sessions until initiating a work hardening program on 3/04/02 and completed on 3/03/02 for a total of 24-sessions. Additional documentation included a two-page typed note dated 10/24/01 that reported that the claimant was involved in a motor vehicle accident on _____. _____ diagnosed the claimant with lumbar sprain, headache, neck sprain, and sprain of unspecified site of the elbow and forearm, details are unknown.

Requested Service(s)

Twenty-four (24) sessions of work hardening program from 03/11/03 to 5/03/03.

Decision

The work hardening program from 3/11/03 to 5/03/03 was not medically necessary.

Rationale/Basis for Decision

The documentation provided for review does not support the medical necessity for utilization of a return to work program such as the recommended work hardening program for the claimant. Function capacity evaluations dated 02/27/02 and 3/20/02 revealed invalid range of motion testings. This is supported by 2003 edition TWCC Manual, page 285 appeals panel decision No. 991969 that states, "Identical range of motion measurements over three separate testings, without rationalization explanation, are on their face invalid." Furthermore, NIOSH lifting averages ranges from 38.0 to 73.3 pounds on the 02/27/02 functional capacity evaluation, which nearly exceed or exceeded the lifting allowances described by the claimant on a Job Task analysis sheet dated 02/27/02 (lifting from 0-30 pounds and static push/pull to 90 pounds). Additionally left shoulder range of motion study dated 01/29/02 reported 112° flexion, 97° abduction, 49° external rotation, while extension and internal rotation was within normal limits. The claimant could have achieved at least the same functional status in a progressive individualized self-managed home exercise program in a couple of weeks versus a supervised one-on-one work hardening program and/or returned to restricted duty work, which is probably the best return to work rehabilitation program available. Early return to function such as work has been proven to help expedite the recovery of the claimant by improving their physical and psychosocial self. Chapman-Smith, D. *The Chiropractic Profession*, 2000, Pg. 109 states "Helpful effects of early activity include promotion of bone and muscle strength, improved disc and cartilage nutrition, increased endorphin levels bringing reduced sensitivity to pain and avoidance of psychological problems."