

# MAXIMUS

September 18, 2003

Texas Workers Compensation Commission  
Southfield Building, MS48  
4000 S. IH-35  
Austin, Texas 78704-7491

## NOTICE OF INDEPENDENT REVIEW DECISION Corrected Letter

**RE: MDR Tracking #: M5-03-2826-01**  
**TWCC #:**  
**Injured Employee:**  
**Requestor: Julio Fajardo,DC**  
**Respondent: Liberty Mutual Insurance Company**  
**MAXIMUS Case #: TW03-0447**

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the MAXIMUS external review panel. The MAXIMUS chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 61 year-old female who sustained a work related injury on \_\_\_\_\_. The patient reported that while at work she tried to stop a falling box when she injured her right shoulder and neck. The patient was initially treated with 6 weeks of physical therapy and then underwent an MRI on 6/18/02 that showed a tear of the supraspinatus tendon and significant tendonopathy with some AC arthropathy. The patient underwent a right shoulder arthroscopic acromioplasty, AC resection and rotator cuff debridement on 9/25/02. The patient also had a series of three epidural steroid injections after surgery and post-surgical rehabilitation.

### Requested Services

Physical therapy sessions, office visits and unusual travel from 12/17/02 through 1/30/03.

### Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is partially overturned.

### Rationale/Basis for Decision

The MAXIMUS chiropractor reviewer noted that this case concerns a 61 year-old female who sustained a work related injury to her right shoulder and neck on . The MAXIMUS chiropractor reviewer also noted that the patient underwent an MRI on 6/18/02 that showed a tear of the supraspinatus tendon and significant tendonopathy with some AC arthropathy. The MAXIMUS chiropractor reviewer further noted that patient underwent right shoulder arthroscopic acromioplasty, AC resection and rotator cuff debridement on 9/25/02. The MAXIMUS chiropractor reviewer indicated the patient underwent a series of three epidural steroid injections after surgery and post-surgical rehabilitation. The MAXIMUS chiropractor reviewer explained that the patient has a very involved rotator cuff tear along with discogenic problems and degenerative changes associated with several other factors that equate to a slower recovery. The MAXIMUS chiropractor reviewer indicated that the documentation provided does support the extra care in the 1<sup>st</sup> 8 weeks and the need for continued care the last 4 weeks of the active rehab program. The MAXIMUS chiropractor reviewer explained that the patient was making slow but steady progress. However, the MAXIMUS chiropractor reviewer also explained that the documentation provided does not support the need for unusual travel in this appeal. The MAXIMUS chiropractor reviewer further explained that the unusual travel was not billed for on 12/17/02 and 1/30/03. Therefore, the MAXIMUS chiropractor consultant concluded that the physical therapy sessions and office visits from 12/17/02 through 1/30/03 were medically necessary to treat this patient's condition. However, the MAXIMUS chiropractor consultant concluded that the unusual travel from 12/17/02 through 1/30/03 was not medically necessary to treat this patient's condition.

Sincerely,  
**MAXIMUS**

Elizabeth McDonald  
State Appeals Department