

MDR Tracking Number: M5-04-0466-01

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 October 14, 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 work hardening was 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 the treatment work hardening was not found to be medically necessary, reimbursement for dates of service from 10-30-02 to 11-12-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19<sup>th</sup> day of December 2003.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

PNR/pnr

#### NOTICE OF INDEPENDENT REVIEW DECISION

December 12, 2003

MDR Tracking #: M5-04-0466-01  
IRO Certificate #: IRO4326

The \_\_\_ 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 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_'s health care professional 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 sustained an injury on \_\_\_\_ while lifting a 5-gallon bucket of paint when he felt a snap in his right shoulder. He saw a chiropractor for therapy and treatment. A right shoulder MRI dated 06/27/02 revealed acromioclavicular joint changes and moderate impingement upon the supraspinatus muscle. He subsequently underwent right shoulder arthroscopy on 08/06/02. After a course of physical therapy, the patient entered a work hardening program.

Requested Service(s)

Work hardening from 10/30/02 through 11/12/02

Decision

It is determined that the work hardening from 10/30/02 through 11/12/02 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

After an initial two-week program, documentation revealed sufficient response to warrant another two-week program. After four weeks of work hardening, there was not sufficient documentation to justify additional work hardening. In fact, this patient experience a recurrence of his problem. Documented in the chart notes of the surgeon on 11/14/02, it states that over the past month, he has experienced a different kind of shoulder pain, which is more on the superior aspect of his shoulder along with popping and grinding. This time frame coincides with the last several weeks of the work hardening program. No specific mention of this flair up is found in either treating doctors or the rehabilitation facilities notes. Due to this situation, additional surgical intervention was needed.

National treatment guidelines allow for a work hardening program for injuries of this nature. He had four weeks of this program and this was appropriate and medically necessary. There were no documented measurable and comparative improvements made in the third and fourth weeks of the work hardening program to warrant a fifth and sixth week of work hardening. Therefore, it is determined that the work hardening from 10/30/02 through 11/12/02 was not medically necessary.

Sincerely,