

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 3-5-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. 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 **medical necessity was the only issue** to be resolved. The physical therapy sessions from 3/26/03 through 4/18/03 (with the number of therapeutic exercises limited to two for any given date) **were found** to be medically necessary. The remaining physical therapy sessions after 4/18/03 **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 22nd day of June 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to physical therapy sessions from 3/26/03 through 4/18/03 (with the number of therapeutic exercises limited to two for any given date) in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 22nd day of June 2004.

David R. Martinez, Manager
Medical Dispute Resolution
Medical Review Division

DRM/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 7, 2004

MDR Tracking #: M5-04-2002-01

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 Chiropractic reviewer who has an ADL certification. The 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 60 year old male, employed by ___ in ___. ___ reportedly injured his right upper extremity, while on the job on ___. According to the documentation provided the claimant slipped and fell landing on his right upper over stretched upper extremity. ___ underwent several months of conservative management without much improvement. He then switched treating doctors to ___ and co-managed by ___. He again failed to adequately respond to conservative management: therefore, referred to ___ an orthopedic on 12/08/2002. ___ diagnosed the claimant with impingement syndrome of the right shoulder. Manipulations under anesthesia with arthroscopy of the shoulder took place on 01/08/200. ___ initiated post-operative rehabilitation on performed by ___ on or about 03/07/2003. The claimant apparently failed to adequately improve and subsequently underwent CT Arthrogram on 4/25/2003 that revealed a large 2cm full thickness tear of the anteroposterior rotator cuff and a significant amount of subacromial arch impingement. ___ continued with post-operative rehabilitation under the direction of ___. On 5/13/2003 ___ recommended and orthopedic surgical consultation. On 6/14/2003 ___ recommended revision repair of the rotator cuff followed by 6-weeks of immobilization. A second surgical repair was performed on 7/25/2003.

Requested Service(s)

Dates of service are from 3/26/03 through 7/24/03. Services in dispute include: office visits, therapeutic exercises, myofascial release, joint mobilization and neuromuscular re-education.

Decision

I agree with the provider that physical therapy (PT) sessions from 3/26/2003 to 4/18/2003 are medically necessary, with the limitation of the number of units of therapeutic exercises to two (2) for any given date. I agree with the insurance carrier that all PT sessions subsequent to 4/18/2003 were not medically necessary.

Rationale/Basis for Decision

The claimant is entitled to 6 weeks of supervised postoperative rehabilitation in order to achieve maximal therapeutic benefit, to help decrease symptom logy for a post –operative rehabilitation program, and to properly educate the claimant in an independent self-managed home based exercise program. Electrical stimulation and therapeutic procedures performed were reasonable and medically necessary, in my opinion. Even though the claimant has had an extensive past medical history of direct one-on-one care; postoperative rehabilitation through 04/18/2003 was within reasonable and necessary standards of care. Additionally, the finding of a large rotator cuff tear on CT arthrogram on 4/25/03 would prevent any further substantial benefit from ongoing physical therapy.