

MDR Tracking Number: M5-04-2053-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 3-09-04.

The Medical Review 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 office visits, joint mobilization, myofascial release, diathermy, electrical stimulation, mechanical traction, supplies and materials, chiropractic manipulations, massage, and unlisted therapeutic procedures from 4/04/03 through 11/07/03 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 Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 4/04/03 through 11/07/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 24th day of May 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 30, 2004

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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 25 year old female Corrections Officer who suffered an on the job injury in _____. The mechanism of injury involved a “jerking” of the right side of the neck and shoulder. She was initially seen by _____. _____ impressions included a cervical and a trapezius strain and rotator cuff tendinitis. Subsequent conservative care resulted in an impairment evaluation on 6/2/00. The claimant was found to exhibit no permanent residual impairment.

The claimant requested and received a change in treating physicians on 8/17/00. The new attending was a _____. _____ ordered MRI studies of each area of involvement. The cervical spine was returned within normal limits. The right shoulder was remarkable for the following: “the acromium process is relatively acutely hooked inferiorly and noticeable impression of the cuff musculature is demonstrated laterally...the muscle and tendon are of intermediate signal intensity most compatible with tendinosis and tendonitis.” Therefore, an impression of tendinitis and impingement are submitted. The claimant, once again, entered into a course of conservative care. Treatment consisted of combined passive and active physical medicine.

She progressed to maximum medical improvement on 10/12/00. A _____ concludes that the claimant has reached maximum medical improvement and awards her a 4% whole person. _____ impressions included sprain/strain of the rotator cuff and cervical spine. Additionally, he notes a cervicobrachial syndrome. The examiner’s impairment assessment stems from residual range of motion loss involving the cervical spine and right shoulder. According to the medical, the claimant was last seen by _____ on 12/8/00. She then followed with a _____ on 4/4/03. The claimant presented to the office of _____ with a primary complaint of right side neck and shoulder pain, graded at 7/10 on the visual analog scale. The “exacerbation is of no known cause”. The claimant enters into another trial of conservative chiropractic care. The dates of service are from 4/4/03 through 11/7/03.

Requested Service(s)

Dates of service are from 4/4/03 through 11/7/03. Services include: office visits, joint mobilization, myofascial release, diathermy, electrical stimulation, mechanical traction, supplies and materials, chiropractic manipulation, massage and unlisted therapeutic procedures.

Decision

I agree with the insurance carrier that the previously noted services in dispute were not medically necessary or indicated.

Rationale/Basis for Decision

According to the medical, there occurs a gap in care from 12/8/00 to 4/3/03. If the claimant sought no care during this 2.5 year period, I can only conclude that her soft tissue injuries had resolved. In all medical probability, this was the case. Recall that the claimant's rotator cuff tendons only exhibited inflammation on MRI. There was no frank tear. The anatomy of her acromion left her predisposed to the condition of impingement. Obviously this was a pre-existing condition. Based upon the fact that the claimant reached maximum medical improvement with the conservative care rendered, it is felt that the extent of her injury involved tendinitis only. Therefore, we can conclude that the claimant's compensable injury had resolved. Her current complaints are most likely secondary to the pre-existing acromion anatomy that results in impingement and not the traumatic event of April 2000. The medical services in dispute were not medically reasonable or necessary, in respect the work related compensable event.