

MDR Tracking Number: M5-04-2402-01

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 04-01-04.

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, radiographic examination shoulder completed minimum of 2 views, joint mobilization, traction manual, therapeutic exercises, ROM measurements, physical performance test-muscle testing, myofascial release, work hardening and conditioning, work hardening each additional hour and functional capacity examination (FCE) 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 from 04-03-03 through 11-26-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 9th day of August 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh

NOTICE OF INDEPENDENT REVIEW DECISION

June 11, 2004

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
7551 Metro Center Drive, Suite 100, MS 48  
Austin, TX 78744-1609

RE: Injured Worker:  
MDR Tracking #: M5-04-2402-01  
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) 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 TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF 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 medicine. TMF'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 TMF 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 52-year-old female had a work related accident on \_\_\_\_\_. She slipped and fell on a wet floor and landed on her left shoulder. She was diagnosed with a strain of the left upper arm. The claimant returned to work on 07/08/02 without restrictions. An impairment evaluation was performed 11/02/02, no impairment of function was assigned and she was placed at maximum medical improvement (MMI). X-rays taken 04/03/03, of her left shoulder were unremarkable and conservative management was recommended. Active range of motion testing of the left upper arm was performed 04/08/03 and revealed pronounced deficits of motion over the left shoulder in all tested planes. Functional Capacity Evaluations (FCE) were performed 05/19/03, 06/06/03, and 07/10/03, the results showed the ability to perform within a light Physical Demands Classification (PDC).

### Requested Service(s)

Office visits, radiographic examination shoulder completed minimum of 2 views, joint mobilization, therapeutic procedures, traction manual, therapeutic exercises, ROM measurements, physical performance test, myofascial release, work-hardening and conditioning, and work hardening each additional hour billed from 04/03/03 through 11/26/03 were requested.

### Decision

It is determined that office visits, radiographic examination shoulder completed minimum of 2 views, joint mobilization, therapeutic procedures, traction manual, therapeutic exercises, ROM measurements, physical performance test, myofascial release, work-hardening and conditioning, and work hardening each additional hour billed from 04/03/03 through 11/26/03 were not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

Rationale of the treating provider for management of this claimant's condition as result of her work related injury from \_\_\_\_ is not substantiated in the medical record documentation. The claimant sustained an injury to the left shoulder/upper arm that was classified within contusion, strain/sprain therapeutic algorithm by Dr. N on 07/08/02 and by Dr. S on 11/02/02.

There exist pronounced lapses of clinical management that raise clinical concern regarding the degree of causation and mechanism that resulted in the claimant's clinical presentation on 04/03/03. In the worker's impairment evaluation on 11/02/02 with Dr. S, the claimant showed no considerable deficits of motion over the left/right shoulder. When the claimant presented to Dr. B on 04/03/03 there existed pronounced deficits of motion, which do not correspond to the medical data collected regarding this claimant's injury from \_\_\_\_ through 11/02/02.

Management of this claimant with conservative Chiropractic/Physical Therapy applications is not substantiated in the medical record. There is no medical data that supports progression of the claimant to upper level applications that include work hardening. No diagnostics performed by the current provider support the application of services performed from 04/03/03 through 11/26/03.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer reviewed references.

- *Overview of implementation of outcome assessment case management in the clinical practice.* Washington State Chiropractic Association; 2001. 54p
- *Shoulder.* Work Loss Data Institute; 2003. 15p

Sincerely,