

MDR Tracking Number: M5-04-2859-01

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 05-03-04.

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 services prior to date of service 07-31-03 **were** found to be medically necessary. The services after date of service 07-31-03 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for office visits, therapeutic exercises, work hardening and functional capacity evaluation.

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 dates of service 07-18-03 and 07-22-03 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 Findings and Decision and Order are hereby issued this 25th day of August 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

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NOTICE OF INDEPENDENT REVIEW DECISION

August 18, 2004

Re: IRO Case # M5-04-2859

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic, who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Report from TWCC hearings division
4. TWCC 69 12/20/03
5. DDE report 12/10/03
6. RME report 10/1/03
7. TWCC work status report
8. FCE reports 10/1/02, 7/23/03, 9/29/03, 9/4/03
9. D.C. peer review ____
10. IR/FCE billing form
11. D.C. treatment records

12. D.C. recommended treatment plan 7/18/03

13. Daily rehab notes
14. Radiographic report right shoulder 7/7/03
15. MRI report right shoulder 6/30/03
16. Report 7/2/03
17. Investigative report 7/14/03
18. Employer's first report of injury ____
19. ER report ____
20. Report with MDR request
21. Letter of medical necessity 12/8/03
22. Exercise visit log and sheets from rehab
23. Daily WC/WH program notes
24. Initial exam and rehab report 7/2/03

History

The patient injured his right shoulder on ____ when he pulled a jammed piece of paper out of a machine and hit his upper arm on a door. He initially went to the ER and was diagnosed with a contusion. He then sought the care of a chiropractor and was taken off work. X-rays and an MRI of the right shoulder were obtained. The patient was treated with medication, chiropractic treatment and therapeutic exercises.

Requested Service(s)

Office visit, therapeutic exercise, work hardening, functional cap. Eval. 7/18/03 – 9/29/03

Decision

I agree with the carrier's decision to deny the requested services after 7/31/03.

I disagree with the decision to deny the requested services through 7/31/03.

Rationale

The patient was diagnosed with a right shoulder contusion and sprain/strain injury. The patient received extensive conservative treatment for what appears from the records provided for this review a very minor soft tissue injury that should have resolved in about four weeks with appropriate treatment. THE x-rays and MRI were basically negative. It appears from the investigative reports that the patient's ADLs were unaffected by the injury. After the injury the patient continued to work, until he visited the D.C. on 6/27/03 and was taken off work.

The records provided suggest that there could be some symptom magnification, as the patient's ADLs do not correlate with his exam findings. Being able to reach overhead, grab a car hood and close it requires extreme shoulder flexion. Yet on the patient's FCE on 7/23/03, just one week after his surveillance, shoulder flexion was decreased by 82%. I agree with the ____ peer review that stated that it would be appropriate to treat the patient through 7/31/03. All treatment and testing were unnecessary and unreasonable after that date.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.