

**MDR Tracking Number: M5-04-2930-01**

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 05-07-04. Dates of service 03-05-03 through 05-06-03 were untimely filed per Rule 133.308(e)(1). CPT codes 95851 and 95834 for date of service 06-24-03 were withdrawn on 08-06-04 by \_\_\_ with Southeast Health Services.

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, myofascial release, aquatic therapy, physical medicine procedure, vasopneumatic device therapy, hot/cold pack therapy, therapeutic exercises and manual therapy techniques 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 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 05-23-03 through 09-23-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 12<sup>th</sup> 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**

September 4, 2004

**Re: IRO Case # M5-04-2930**

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, Rule133.308 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 in 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. D.C. letter of medical necessity 4/12/04
4. D.C. work hardening treatment notes
5. FCE summary reports
6. Orthopedic surgeon operative report 4/22/02 and other medical reports
7. NCS reported 3/19/02, 11/8/01
8. Report 3/19/02
9. Communication log
10. D.C. exercise flow sheets
11. TWCC work status reports
12. D.C. report 1/30/02, and subsequent reports
13. D.C. SOAP notes
14. D.C. PT progress notes
15. CARF certification

History

The patient injured his right elbow in \_\_\_ after repetitive movements. He has been treated with physical therapy, chiropractic treatment, injections, surgery on 11/22/02, post-operative physical therapy and a work hardening program.

Requested Service(s)

Work hardening (initial & additional hours) 5/7/03-5/23/03

Decision

I agree with the carrier's decision to deny the requested work hardening.

Rationale

The patient had an adequate trial of physical therapy after his surgery on 11/22/02 that was beneficial in relieving pain and improving function. The treating D.C.'s report on 2/12/03, three months post-surgery, indicated that the patient had normal flexion and extension movements of the elbow and normal pronation and supination. The report also indicated that the patient's pain level had decreased significantly, with only mild pain to pressure; his only complaint being a strength deficit. Even as early as 12/19/02, one month after surgery, the patient stated that he felt "OK."

A 2/28/03 FCE demonstrated functional strength gains matching the patient's job demands in every test. Of the 22 tests performed, only three showed deficiency in ability to match his job demands, and these deficiencies were minimal.

The treating D.C.'s post-surgical PT notes do not show any flare ups or aggravations, but only positive gains prior to the work hardening program. Based on the records provided, it would have been medically appropriate to release the patient to a home exercise program after the 2/28/03 FCE.

Given the good response to physical therapy, a work hardening program was not indicated. The need for a highly structured 1:1 supervised program was not supported by the records provided.

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