MDR Tracking Number: M5-04-3210-01

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 May 24, 2004.

The 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 manual therapy techniques, therapeutic exercises and physical therapy re-evaluation 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 Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 11-17-03 to 01-16-04 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 3rd day of September 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

Date: August 16, 2004

RE:
MDR Tracking #: M5-04-3210-01
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 an Orthopedic Surgeon reviewer (who is board certified in Orthopedic Surgery) 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.

Submitted by Requester:

- Clinical documentation by _____
- Prescriptions for physical/occupational therapy by treating physician of _____

Submitted by Respondent:

- Annotated notes from _____
- Clinical Documentation from _____

Clinical History

The claimant has a history of chronic shoulder pain allegedly related to a compensable injury that occurred on ___. The claimant ultimately underwent an arthroscopic debridement and began physical therapy with _____ with initial evaluation on 7/3/03. Documentation indicates the claimant had achieved a functional range of motion by 11/17/03 and continued to have complaints of chronic pain.

Requested Service(s)

Manual therapy techniques, therapeutic exercises and physical therapy re-evaluation from 11/17/03 through 1/16/04.

Decision

I agree with the insurance carrier that the services in dispute were not medically necessary.

Rationale/Basis for Decision

Generally physical therapy is indicated for significant deficits in range of motion and functional capacity usually associated with acute injury and perioperative conditions. The claimant underwent an initial physical therapy evaluation on 7/3/03 and exhibited significant deficits in range of motion. Stated goals for range of motion included abduction 130°, flexion 130° and external rotation 75°. The claimant submitted to supervised physical therapy over a several month period of time. After 4 months of supervised physical therapy, in November 2003 the claimant had reached range of motion goals with flexion of 143°, abduction of 131° and external rotation of 77°. The claimant had a functional range of motion but had complaints of persistent pain with physical therapy intervention and with activities of daily living. There is no clearly documented clinical rationale indicating the need for continued supervised physical therapy in light of documentation of having reached goals as set on 7/3/03. Furthermore, there is no clearly documented clinical rationale explaining why a well structured home exercise program would be any less effective than continued supervised intervention in this clinical setting of chronic pain with a functional range of motion. There is no documentation of a fixed contracture indicating the medical necessity of manipulation. There is no documentation the claimant exhibited any

incapacity that would interfere with the implementation of a home exercise program. There is clear evidence that the claimant had reached a definite plateau in her clinical state by November 2003 and that continued intervention was not providing any significant benefit.