

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 06-07-04. CPT code 99213 for date of service 09-17-03 was withdrawn by Michael T. Ward, P.T. at Brazos Orthopedic Physical Therapy on 09-15-04 and will not be reviewed by the Medical Review Division.

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 physical therapy re-evaluation, therapeutic exercises and ultrasound on date of service 10-14-03, physical therapy re-evaluation, hot/cold pack therapy, therapeutic exercises on 11-13-03, and therapeutic exercises on 12-16-03 and 12-18-03 **were** found to be medically necessary. The therapeutic exercises on 10-16-03, 11-03-03, 11-07-03, 11-11-03, 11-25-03, 11-26-03, 12-02-03, 12-04-03 and the special reports on dates of service 10-14-03 through 12-18-03 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for physical therapy, therapeutic exercises, ultrasound, special reports and hot or cold pack therapy.

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 10-14-03 through 12-18-03 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 23rd day of September 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

Enclosure: IRO decision



Specialty Independent Review Organization, Inc.

Amended Report

September 20, 2004

David Martinez
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-04-3400-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in Physical Medicine and Rehabilitation. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This patient sustained a rotator cuff injury to her right shoulder on _____. She was changing a 5-gallon water bottle and sustained the injury. She underwent arthroscopic right shoulder, rotator cuff repair with debridement of the labrum and subacromial decompression on 6-13-2003 by Dr. Iero. She then participated in physical therapy that was prescribed by Dr. Iero.

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of physical therapy re-evaluation, therapeutic exercises, ultrasound, special reports and hot or cold packs from 10-14-2003 through 12-18-2003.

DECISION & RATIONALE

The patient's physical therapy records for 10-14-2003 notes the patient had limited flexion, abduction and extension as well as decreased strength. The reviewer states that this treatment was medically necessary.

On 10-16-2003, 11-03-2003, 11-07-2003 and 11-11-2003 the only records provided are for an exercise program. There is no documentation of improvement or changes. Therefore, these visits are not medically necessary.

There is a progress note for 11-13-2003, which documents limits of flexion at 148 degrees, abduction at 127 degrees and extension of 70 degrees. There is also documentation of decreased strength. This shows that the patient has gotten progressively worse since the last measurement on 10-14-2003. The reviewer states that this visit was medically necessary to document the changes.

On 11-25-2003, 11-26-2003, 12-02-2003 and 12-04-2003 the only records provided are for an exercise program. There is no documentation of improvement or changes. Therefore, these visits are not medically necessary.

The progress note dated 12-16-2003 reveals limits in range of motion in the shoulder and this documents that it has decreased since 11-13-2003. The reviewer states that this visit was medically necessary.

The progress notes for the visit on 12-18-2003 reveal that there has been no change with range of motion or strength compared to the visit on 12-16-2003. The reviewer states that this visit was medically necessary.

Regarding special reports (99080), the reviewer indicates that there is no documentation to establish the medical necessity of these services on any of the dates in question.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director