

MDR Tracking Number: M5-04-3412-01

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 6-07-04.

The following disputed dates of service were withdrawn by the requestor on July 20, 2004 and therefore will not be considered in this review:
CPT code 97110 for dates of service 10/13/03 through 10/31/03.

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 following services and dates of service **were found** to be medically necessary: manual therapy techniques (CPT code 97140) from 10/13/03 through 11/28/03 and therapeutic exercises (CPT code 97110) from 11/3/03 through 11/28/03. The following services and dates of service **were not found** to be medically necessary: therapeutic exercises and manual therapy techniques from 12/1/03 through 1/5/04. The respondent raised no other reasons for denying reimbursement for the above listed services.

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 Medicare program reimbursement methodologies per Commission Rule 134.202 (b) 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 10/13/03 through 11/28/03 as outlined above 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 Decision and Order is hereby issued this 25th day of August 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-04-3412-01
Name of Patient:	
Name of URA/Payer:	
Name of Provider:	
Name of Physician: (Treating or Requesting)	

July 28, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

CLINICAL HISTORY

This is a 28 year old gentleman who presented to Dr. H with complaints of shoulder pain. This was treated conservatively with medications. Two months after the initial evaluation, this was reported as a compensable event. Pre-operative physical therapy was started in April. Several months after the injury, imaging studies noted a SLAP lesion and a labrum injury. With the failure to resolve this problem, surgical intervention was noted and carried out on July 31, 2003. In the first four weeks of post-operative care and follow-up, the claimant was instructed in a home-based, self-directed exercise program. As of August 26, 2003 the progress notes indicate that ___ was "doing satisfactorily". In early September active and active assisted range of motion was requested of the physical therapy. The claimant was doing TIW physical therapy and home-based exercises.

REQUESTED SERVICE(S)

97110 Therapeutic Exercises; 97140 Manual Therapy for dates of service 10/13/03 – 1/5/04

DECISION

Approval of the therapy (97110 & 97140) through November 2003. However, the physical therapy in December 2003 and January 2004 was excessive and the decision by the carrier to deny for these two months is endorsed.

RATIONALE/BASIS FOR DECISION

The nature of the SLAP lesion and its surgical intervention is complex. Noting the date of surgery (July 31, 2003) and that a review of the literature indicates no physical therapy for the first four weeks would take us through August 31, 2003. At that time four to seven weeks of physical therapy would be indicated. {Kralinger, et al SOT 1/2002 Vol 25} As noted by Dr. H, there was a delay in response and the claimant might not have been doing all that he could in terms of a home-based, self-directed exercise program. Thus, one additional month of physical therapy (November 2003) would be indicated. There is a clear requirement that the claimant participate in his care and do all that is necessary. The progress notes from Dr. H noted that a return to work was warranted in December 2003; this would indicate that the physical therapy was transferred to a home program and formal physical therapy (97110 & 97140) was no longer clinically indicated. Therefore, the physical therapy in December and January was not medically necessary.