

MDR Tracking Number: M5-04-3971-01

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 12-30-03.

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.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

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 office visits, five (5) sessions of therapeutic exercises, and five (5) sessions of neuromuscular re-education rendered from 12/30/02 through 2/24/03 **were found** to be medically necessary. The remaining therapeutic exercises and neuromuscular re-education sessions **were not** found to be medically necessary. Also, the aquatic therapy sessions and ultrasound therapy rendered from 12/30/02 through 2/19/03 **were not** found to be medically necessary. 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 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 12/30/02 through 2/24/03 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 Decision and Order is hereby issued this 9th day of September 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

August 27, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:
TWCC #:
MDR Tracking #: M5-04-3971-01
IRO #: 5251

Ziroc 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 Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Physical Medicine and Rehabilitation. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc 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 Ziroc 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

On ___ this patient sustained a right shoulder injury at work. She underwent a rotator cuff repair in April of 2001, followed by a course of therapy. She was evaluated by a physician's assistant in December of 2002 for intermittent pain and decreased range of motion and was referred to physical therapy, which began on 12/30/02 and ceased on 02/24/03. The therapy included therapeutic exercise, ultrasound, neuromuscular re-education and aquatic therapy. At discharge she was noted to have gained a subjective grade in strength in the right shoulder and about 40 degrees of elevation and 30 degrees of internal rotation.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits, therapeutic exercises, aquatic therapy, ultrasound and neuromuscular re-education from 12/30/02 through 02/24/03

DECISION

The reviewer disagrees with the prior adverse determination regarding the disputed office visits, five therapeutic exercise sessions and five neuromuscular re-education sessions. However, further

therapeutic exercise sessions and neuromuscular re-education sessions, aquatic therapy and ultrasound were not appropriate or medically necessary for this patient's injury.

BASIS FOR THE DECISION

This patient had a rotator cuff repair and physical therapy until five months after the surgery. Generally this should have been quite adequate for most patients who have undergone a rotator cuff repair. The success of rehabilitation following a rotator cuff repair depends primarily upon the patient's learning and conscientiously carrying out a home exercise program of range of motion and strengthening. Strictly speaking, supervised therapeutic exercise beyond three months post surgery should be only necessary in exceptional cases. The core of the program involves simple exercises, which can be carried out at home as well as in the physical therapy clinic.

The records received from the physical therapy clinic indicate that the patient did obtain some improvement in function following the program and was independent in a home program, which she should have been in by September of 2001. The gains appear significant and justify the second effort at instructing this patient and encouraging her to perform a good home exercise program. However, the use of aquatic exercise does not appear to have been reasonable, appropriate and medically necessary in achieving improvement in shoulder strength and elevation. In addition, the extensive use of ultrasound months after the injury and subsequent surgery have no basis in the medical literature on rotator cuff repair. It would seem reasonable and appropriate to have provided five therapeutic exercise sessions and five neuromuscular re-education sessions to instruct, supervise and monitor the patient in a home-based exercise program over a six to eight week period.

In conclusion, the office visits, five therapeutic exercises sessions and five neuromuscular re-education sessions during the disputed dates of service were appropriate and medically necessary for this patient's injury. Application of evidence-based medical practice indicates that the aquatic therapy and ultrasound were not appropriate and medically necessary for this patient's compensable injury.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy.

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

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,