

November 2, 2004

Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

Re: Medical Dispute Resolution  
MDR #: M5-05-0151-01  
TWCC#:  
Injured Employee:  
DOI:  
SS#:  
IRO Certificate No.:

Dear

**IRI** has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, **IRI** reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am \_\_\_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in chiropractic and is currently on the TWCC Approved Doctor List.

### **REVIEWER'S REPORT**

#### **Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

- Treatment plan 08/26/03 – 01/09/04
- Physical therapy notes 08/29/03 – 02/11/04
- FCE's 12/04/03 – 02/13/04
- Operative report 07/08/03
- Radiology report 12/02/02

#### **Clinical History:**

The patient is a 50-year-old female who, on 11/\_\_\_/02, injured her right shoulder while on her job. Following a 6-month trial of NSAIDs, corticosteroid injections (two), and physical therapy 3 times per week, she eventually underwent right rotator cuff arthroscopic repair on 07/08/03. This procedure was then followed by post-operative physical therapy and

rehabilitation.

**Disputed Services:**

Therapeutic procedures, manual therapy and office visits during the period of 09/02/03 thru 02/11/04.

**Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute were not medically necessary in this case.

**Rationale:**

Physical medicine is an accepted part of a rehabilitation program following an injury. However, for medical necessity to be established, there must be an expectation of recovery or improvement within a reasonable and generally predictable time period. In addition, the frequency, type and duration of services must be reasonable and consistent with the standards of the health care community. General expectations include: (A) As time progresses, there should be a decline in the frequency of care. (B) Home care programs should be initiated near the beginning of care, include ongoing assessments of compliance and result in fading treatment frequency. (C) Patients should be formally assessed and re-assessed periodically to see if the patient is moving in a positive direction in order for the treatment to continue. (D) Supporting documentation for additional treatment must be furnished when exceptional factors or extenuating circumstances are present. (E) Evidence of objective functional improvement is essential to establish reasonableness and medical necessity of treatment.

In this case, the documentation submitted lacked any reasonable justification regarding the necessity for such a protracted supervised exercise program in excess of 2 or 3 units. After a full 6 months of therapy and rehabilitation *before* the surgical procedure, and then another full *two months* of supervised therapy post-operatively before these dates in dispute commenced, the patient should have been adequately trained to safely and successfully perform the necessary exercises at home.

However, in this case, there was no documentation of objective or functional improvement in this patient's condition as the daily patient therapy records contained only vague language regarding patient response ("same," "unchanged" and "worse") and was devoid of a more objective assessment of patient symptomatic improvement, for example a Visual Analog Scale. In terms of objective assessment, the records were devoid of an initial examination and contained only one reexamination dated 10/31/03, so it was impossible to determine if the patient was responding to care. The records did contain three computer-generated physical performance evaluations (dated 09/25/03, 12/04/03 and 01/15/04). Although they revealed moderate improvements in range of motion, in all likelihood, these improvements would have occurred anyway as a result of a home exercise program and with the additional passage of time. In fact, current medical literature states, "...there is no strong evidence for the effectiveness of supervised training as compared to home exercises."<sup>1</sup>

Insofar as the manual therapy (97140-59) was concerned, neither the diagnosis in this

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<sup>1</sup> Ostelo RW, de Vet HC, Waddell G, Kerchhoffs MR, Leffers P, van Tulder M, Rehabilitation following first-time lumbar disc surgery: a systematic review within the framework of the cochrane collaboration. Spine. 2003 Feb 1;28(3):209-18.

case nor the documented objective findings supported the presence of myofascial trigger points and/or sclerotogenous pain patterns that would otherwise warrant the medical necessity for myofascial release procedures to be performed on this patient.

In general, the medical records in this case failed to adequately measure patient response to care – both objectively and subjectively – and did not provide any information regarding the work status on the patient. Therefore, the statutory requirements<sup>2</sup> were not met in this case, since neither relief of symptoms, promotion of recovery, nor enhancement of the employee's ability to return to or retain employment was adequately established.

Sincerely,

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<sup>2</sup> Texas Labor Code 408.021