

MCMC

IRO Medical Dispute Resolution M5 Retrospective Medical Necessity IRO Decision Notification Letter

Date: 2/22/05
Injured Employee:
MDR : M5-05-1203-01
TWCC #:
MCMC Certification #: 5294

DETERMINATION: Modified

REQUESTED SERVICES: Please review the item in dispute regarding 99213-level III office visit; 95831-muscle testing, manual w/report, extremity (excluding hand) or trunk; 95851-rom & report, each extremity (excluding hand) or each trunk section (spine); 96004-physician review & interpretation of motion tests w/written report; 97035-ultrasound; 97110-therapeutic exercises; G0283-electrical stimulation unattended; 97140-manual therapy technique.

Denied by carrier for Medical Necessity with "V" codes.

Dates of service in dispute: 02/09/2004 to 05/05/2004

MCMC llc (MCMC) is an Independent Review Organization (IRO) that was selected by The Texas Workers' Compensation Commission to render a recommendation regarding the medical necessity of the above Requested Service.

Please be advised that a MCMC Physician Advisor has determined that your request for M5 Retrospective Medical Dispute Resolution on 1/5/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Care provided from 04/27/2004 through 05/05/2004, to include the elements listed above, is certified as medically necessary. The medical necessity of care from 02/09/2004 through 04/26/2004 is not established.

This decision is based on:

- TWCC Notification of IRO Assignment dated 1/5/05
- TWCC MR-117 dated 1/5/05
- TWCC-60 stamped received 12/20/04 4 pgs
- TWCC-62 12 pgs, 5 pgs,
- **Atlantis Healthcare:** MD Position Statement dated 1/11/05
- **St. Paul University Hospital:** Operative Reports + Bloodwork Results dated 3/25/04,
- Dr. Juan Yabraian: Office notes 2/12/04, 3/25/04, 5/3/04, 6/2/04, 6/30/04
- Zurich Services Corporation: Extension Notice dated 7/29/04
- Marivel Subia, DC: Clinical Notes 10/8/2004
- **TWCC 73's** dated 3/22/02 to 6/30/04

- **Todd Peterson:** Office Notes + testing results, 5/4/04, 4/27/04, 6/17/03, 7/30/03, 8/20/03
- Flahive, Ogden and Latson: Letter to MCMC dated 1/31/05; Summary of Carrier's Position dated 1/6/05
- Statewide Health Services: Utilization Review dated 12/22/03; Peer Review Addendum dated 12/26/03
- "Physical Medicine and Rehabilitation for Orthopedic and Musculoskeletal Diseases" paper from www.the-medicare.com
- "DOG Integrated Treatment/Disability Duration Guidelines" paper from www.odg-twc.com
- ACOEM Guidelines, Chapter 9
- **Medical Center at Terrell:** Emergency Room record and Xray results R Shoulder and CAT scan of head dated 3/8/02; Physical Therapy Dept. notes dated 3/22/02 to 4/18/02, Physical Therapy Discharge Summary dated 4/23/02
- Dr. E. Darlene Johnson: Authorization for Absence dated 9/26/02
- **Active Behavioral Health & Pain Rehab:** Biofeedback Therapy Note dated 2/9/03; Individual Psychotherapy Session notes dated 11/25/03, 11/5/03, 11/13/03, 3/8/04 Consultation dated 9/11/03; Request for Behavioral Health Treatment dated 1/9/04; Behavioral Medicine Consults dated 6/15/04; Behavioral Medicine Testing Results dated 10/13/03; Request for 30 day Pain Management Program dated 6/24/04, Notes dated 7/5/04, 7/21/04, 7/26/04, 8/18/04, 8/20/04, 8/23, 8/25, 8/26, 8/27, 8/30
- **Atlantis Healthcare:** Letter of Medical Necessity dated 12/12/2004; Clinical Notes dated 6/18/03 to 9/8/04; Treating Doctor Position Statement dated 1/11/05
- **Dr. Andrew Small:** History and Physical dated 7/29/03; follow up notes dated 8/5/03, 9/9/03, 9/23/03, 10/07/03, 10/14/03, 10/28/03, 11/13/03, 11/18/03, 12/02/03, 12/16/03, 1/27/2004, 2/10/04, 2/24/04, 3/11/04, 4/6/04, 4/13/04, 4/22/04, 5/18/04, 6/15/2004, 7/13/04, 7/27, 8/17, 8/20; Validation of Proposed Treatment Plan dated 12/2/03
- Texas Imaging and Diagnostic Center: MRI results Right Shoulder dated 8/20/03
- **(ERGOS) Physical Examination/Neurological Evaluation of FCE** dated 8/26/03, 10/10/03, 12/01/03, 5/26/04
- Scott Chiropractic Clinic Chart notes dated 9/15/03
- Juan Yabraian, MD: H & P dated 12/17/03; Office Notes dated 1/22/04, 2/12/04, 4/1/04, 5/3/04, 5/30/04, 6/2/04, 6/30/04, 8/11/04; letter to Zurich re: Stimulator, 6/6/04, 6/30/04; Surgery Request dated for DOS 2/12/04
- RS Medical Prescription dated 3/26/04, 5/25/04, 6/04/04; Muscle Stimulator Progress Note dated 5/18/04; letter to Zurich dated 7/23/04
- Psychophysiological Profile Assessment dated 11/6/03

Records indicate that the above captioned female individual, was allegedly injured during the course of her normal employment. The history reveals that on or about 03/08/2003, she reported being caught in a conveyor belt system injuring her right shoulder. She presented to an initial chiropractic provider who reportedly administered chiropractic adjustments and physical therapy. She eventually presented to the office of the current chiropractic attending provider (AP) on 01/19/2004. At that time, the injured individual reported pain in the right shoulder of a 4/10 subjective intensity, and demonstrated decreased ranges of motion (ROM) in the right shoulder. Conservative care was initiated at a once per week frequency. Internal derangement of the shoulder was diagnosed by a consulting referral entity. Decompression surgery was performed on 03/25/2004. Active post-operative care under the administration of the current attending provider (AP) was initiated on or about 04/26/2004.

This claimant has attended an exhaustive course of conservative care to include chiropractic intervention and physical medicine. There is no compelling evidence within

the voluminous clinical file to clearly define that objective progress was being achieved in response to the course of care provided from 02/09/2004 until surgery was administered on 03/25/2004. Subjective symptoms never changed from the initial examination performed on 01/19/2004. Similarly, objective serial testing to include ROM do not clearly reveal that the injured individual was objectively responding to the care provided up to the point of surgery. Given the fact that the injured individual had already undergone an obvious protracted course of chiropractic care prior to the inception of care with the current AP, and given the fact that from 01/19/2004 forward no progress is noted, care from 02/09/2004 through 04/26/2004 is not certified as medically necessary.

Subsequent to the surgical intervention to the injured individual's shoulder, a course of post-surgical rehabilitation to include the elements listed above would be consistent with standards of care and practice within the chiropractic profession. However, the documentation does not include a comprehensive examination to include objective and or functional measurements until 04/27/2004. This post-surgical comprehensive examination would be considered consistent with standards of general record keeping and would establish a baseline of objective data from which to later ascertain if therapeutic gain was being achieved through the course of post-surgical rehabilitation. Given the fact that this examination was administered on 04/27/2004 and functional deficits are documented, a course of post surgical rehab would be considered medically necessary from that date forward through 05/05/2004, the end date of the dates of service to be considered for this review. The care provided and represented in the documentation from 04/27/2004 through 05/05/2004 is reasonable and consistent with standards of care and practice within the chiropractic profession.

REFERENCES:

References utilized in this review include but are not limited to:

1. The ACEOM Guidelines
2. Health Care Guidelines by Milliman and Robertson Volume 7
3. North American Spine Society Guidelines
4. Guidelines for Chiropractic Quality Assurance and Practice Parameters: Practice Parameters from the proceedings of the Mercy Center Consensus Conference, Agency for Health Care Policy and Research (AHCPR)
5. Procedural Utilization Guidelines.

The reviewing provider is a **Licensed Chiropractor** and certifies that no known conflict of interest exists between the reviewing **Chiropractor** and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5).

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent via facsimile to the office of TWCC on this

__22nd day of February 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____

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