

MDR Tracking Number: M5-05-0031-01

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 August 27, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the electrical stimulation-unattended, massage, ultrasound and therapeutic exercises were not found to be medically necessary. 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. As the electrical stimulation-unattended, massage, ultrasound and therapeutic exercises were not found to be medically necessary, reimbursement for dates of service rendered 3/10/04 through 3/15/04 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 29th day of October 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

October 22, 2004

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

Re: Medical Dispute Resolution
MDR #: M5-05-0031-01
TWCC#:
Injured Employee:
DOI:

SS#:
IRO Certificate No.: 5055

Dear

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ 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 the Secretary and General Counsel of ___ 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 Medicine 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:

- request for reconsideration 09/06/04
- reports of office visits 11/24/03 – 08/17/04
- daily progress notes 03/10/04 – 03/15/04
- radiology report 05/17/04

Information provided by Orthopedist:

- office notes 11/25/03 – 04/02/04
- operative reports 12/22/03 & 03/23/04

Information provided by Orthopedist:

- office notes 05/24/04 – 08/16/04
- operative report 06/30/04

Clinical History:

The claimant is a 55-year-old male with right shoulder pain and right wrist pain secondary to a work-related injury on ___ fracturing his right hand and injuring the right shoulder. He sustained a right open metacarpal fracture.

Disputed Services:

Electrical stimulation-unattended, massage, ultrasound and therapeutic exercises during the period of 03/10/04 thru 03/15/04.

Decision:

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

Rationale:

The daily notes that were provided, the therapist's notes, appear to be verbatim word-for-word notations. The patient's pain levels are at a 3. On the 3rd day of the office visits in question, the patient's pain level is at a 4. It appears that this is dictated verbatim word-for-word. The therapist notes no objective information from the patient.

The office notes for the dates in question are dated 4 months post-injury. The fracture to the right hand was repaired immediately after the date of injury. However, regarding the patient exercises and PT notes, these again were dated 4 months post-injury. The shoulder MRI was dated nearly 6 months post-injury showing a grade 3 labral tear with concentric tearing in the posterior labrum in the long head of the biceps tendon. It also showed tendinosis in the supraspinatus tendon. It showed a partial tear in the infraspinatus tendon at the insertion site measuring 2-3 mm and a small posttraumatic effusion of the glenohumeral joint.

With findings such as these, the patient would present with more indicative symptoms that would call for a diagnostic test such as the MRI much sooner than 7 months post-injury. If anything, within the first 2 months these signs and symptoms would be indicated from the patient's subjective complaints, objective findings, and such. At that time, the surgery for repair of the right shoulder should have also been done after adequate healing time of the right fracture of the hand and then pushed into post-surgical exercises progressing into active rehab Phase 1, Phase 2, and possibly a work-conditioning work-hardening program. The reviewer feels that the shoulder MRI was neglected and should have been performed at a much earlier date. Possibly this would have allowed this patient to have the repair much sooner, resulting in healing much sooner, and thus returning to the work force at a much earlier date.

Sincerely,