

MDR Tracking Number: M5-05-0043-01

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 8-31-04.

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: radiological exam, manual therapy techniques, electrical stimulation, ultrasound, therapeutic exercises, and neuromuscular re-education from 9/16/03 through 10/15/03; and office visits on 9/16/03, 10/17/03, 11/15/03, and 12/13/03.

The following services and dates of service **were not found** to be medically necessary: office visits from 9/17/03 through 12/12/03 (except 10/17/03 and 11/15/03); and therapeutic exercises, manual therapy techniques, neuromuscular re-education from 10/17/03 through 12/13/03. 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 for dates of service on or after August 1, 2003 per Commission Rule 134.202 (c) 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 9/16/03 through 12/13/03 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 6th day of December 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

Date: November 5, 2004

RE:

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IRO Certificate #: 5242

_____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to _____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

_____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a chiropractic reviewer, who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- Letter from provider
- Table of services
- Extensive summary of case history
- Employer's E1 Report
- Notes from _____
- Notes from _____
- FCE reports
- X-Ray reports
- MRI reports
- Exercise documentation

Submitted by Respondent:

- Chronic Pain Management notes
- Employer's E1 report
- MRI report
- _____ Notes
- Daily notes from _____
- TWCC forms

Clinical History

According to the supplied documentation, it appears the claimant sustained an injury when she tripped across a hose and fell on her shoulder while at work on _____. The claimant went to _____ for treatment. The claimant then was sent to an orthopedic specialist for evaluation. _____ gave the claimant a steroid injection and prescribed therapy.

After therapy failed, the claimant underwent surgery on 05/30/2003 to her left shoulder that included extensive arthroscopic glenohumeral joint debridement as well as a rotator cuff tear repair. Another physical therapy program was implemented. On 09/16/2003, the claimant changed treating doctors to _____. Physical therapy began at _____. Passive and active therapies continued through the end of 2003 with minimal progress noted.

Requested Service(s)

Please review and address the medical necessity of the office visits, manual therapy, therapeutic exercises, exams, ultrasound, EMS and neuromuscular re-education dated 09/16/2003 thru 12/13/2003.

Decision

I disagree with the insurance carrier and agree with the treating doctor that the services rendered between 09/16/2003 – 10/15/2003 (exclusive of 99212 office visits). I agree with the treating doctor that the office visits billed on 10/17/2003, 11/15/2003 and on 12/13/2003 were medically necessary. I agree with the insurance company that the remainder of the services rendered between 10/17/2003 – 12/13/2003 were not medically necessary. As stated above, I agree with the insurance carrier that the office visits billed between 09/17/2003 – 10/15/2003 (99212) were not necessary.

Rationale/Basis for Decision

According to the supplied documentation, it appears that the claimant underwent surgery on 05/30/2003. After her treating surgeon released her to therapy, an 8-12 week protocol of physical/chiropractic therapy protocol would be reasonable and medically necessary. It appears that the claimant underwent this amount of therapy prior to being seen at _____. The claimant's treating surgeon reported that the therapy was incomplete and need to be changed on 09/11/2003. The claimant then changed treating doctor's 5 days later. Since the claimant did not respond positively to the initial treatment plan, it would be considered reasonable to change her therapy for a trial of 30 days. At that time, it would be necessary to either discharge the claimant, or refer for other treatment options. After 3 months of PT and 1 month of chiropractic therapy, it appears the claimant had an adequate trial of therapy. At the end of this time, if the claimant was not at or close to MMI, it would be assumed that conservative therapy had failed and needed to be discontinued. During the initial trial of care, it would not be necessary to bill an office visit each day. Since the claimant was being seen on a regular basis, office visits are not deemed a necessary or reasonable charge. After the trial of care, it would be reasonable to evaluate the claimant on a monthly basis to refer as necessary. The remainder of care is beyond normal treatment guidelines and is not objectively supported.