

MDR Tracking Number: M5-05-0776-01

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 11-03-04.

The Medical Review 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 manual therapy techniques, therapeutic activities, office visits and chiropractic manipulation were not 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 fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 02-24-04 to 06-23-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 7th day of January 2005.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh

Enclosure: IRO decision

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

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## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-05-0776-01
Name of Patient:	
Name of URA/Payer:	Atlas Clinic
Name of Provider: (ER, Hospital, or Other Facility)	Atlas Clinic
Name of Physician: (Treating or Requesting)	Kirpal S. Judge, DC

January 4, 2005

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating

physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Michael S. Lifshen, MD  
Medical Director

cc: Texas Workers Compensation Commission

#### CLINICAL HISTORY

Available information suggests that this patient reports experiencing a right shoulder injury initiated \_\_\_\_ following a work related incident. The patient presented initially to a minor emergency center and was given medication. The patient appears to have presented sometime later to a chiropractor, Dr. Kirpal Judge, where extensive physical therapy and chiropractic manipulation were performed. No initial examination or narrative reports from this encounter are provided for review. There is a designated doctor evaluation and report submitted from a James Taylor, DO, on 02/02/04 suggesting that the patient had not reached MMI and that no radiculopathy or neuropathy was present. Some signs of shoulder impingement syndrome are evident and recommendations are made for formal orthopedic consult and continued NSAID therapy only. MRI from 02/19/04 confirms shoulder impingement and tendonitis of the distal infraspinatus tendon. There are some limited chiropractic notes and check-off forms dated from 04/12/04 to 06/23/04 only, none of which discuss a specific working diagnosis or treatment plan. The patient does appear to be seen by a medical provider whose specialty is unknown, Dr. Alam, MD. Findings from these notes suggest that the patient is diagnosed with right shoulder strain and is provided with "same meds and PT as planned." Again, no specific medical or chiropractic treatment plan is provided for review. The patient appears to undergo multiple sessions of non-specific therapeutic exercise and manual therapy at Atlas Chiropractic Clinic with Dr. Judge. No formal orthopedic evaluations or consultations are provided for review during this period.

#### REQUESTED SERVICE(S)

Determine medical necessity for manual therapy techniques (97140), therapeutic activities (97110), office visits (99211, 99212, 99214) and chiropractic manipulation (98940, 98943) for dates in dispute 02/24/04 through 06/23/04.

## DECISION

Denied.

## RATIONALE/BASIS FOR DECISION

Medical necessity for chiropractic treatments and services (97140, 97110, 99211, 99212, 99214, 98940 and 98943) **are not supported** by available documentation during the period in dispute 02/24/04 through 06/23/04. Evidence from designated doctor evaluation and MRI study clearly indicate shoulder impingement with orthopedic indications. Following initial chiropractic treatment of four months duration, no formal orthopedic evaluation was ordered as appropriate and clinically indicated. Ongoing chiropractic treatment beyond 02/24/04 does not meet generally accepted standards of care for conditions of this nature.

1. Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Physical Therapy, Volume 81, Number 10, October 2001.
2. Brotzman B, Wilk K, "Clinical Orthopedic Rehabilitation," 2<sup>nd</sup> Ed., ISBN 0-323-01186-1, Mosby Press, 2003, pp. 236-238.
3. Bigos S., et. al., AHCPR, Clinical Practice Guideline, Publication No. 95-0643, Public Health Service, December 1994.
4. Harris GR, Susman JL: "Managing musculoskeletal complaints with rehabilitation therapy" [Journal of Family Practice](#), Dec, 2002.
5. Nicholson, G.G. "Rehabilitation of Common Shoulder Injuries." Clin in Sports Med. 1989 8:(4) pg. 633-655.
6. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers, 1993.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned individual. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced