

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) HCP () IE () IC	Response Timely Filed? (X) Yes () No
Requestor's Name and Address Barbara Fraczek, P. T. 2696 N. Galloway Suite 101 Mesquite, Texas 75150	MDR Tracking No.: M5-05-2656-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address State Office of Risk Management, Box 45	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: SUMMARY OF DISPUTE AND FINDINGS – MEDICAL NECESSITY ISSUES

Dates of Service		CPT Code(s) or Description	Did Requestor Prevail?
From	To		
6-28-04	7-30-04	CPT codes 97001, 97110, 97140, 97035, 97002, 97032	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

PART III: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Commission Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), the Medical Review Division assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the requestor and respondent.

The Division has reviewed the enclosed IRO decision and determined that the requestor did **not** prevail on the disputed medical necessity issues.

PART IV: COMMISSION DECISION

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is not entitled to reimbursement for the services involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

Donna Auby

8-24-05

Authorized Signature

Typed Name

Date of Order

PART V: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____

PART VI: YOUR RIGHT TO REQUEST A HEARING

If you are unhappy with all or part of this decision, you have the right to appeal the decision. Those who wish to appeal decisions that were issued during the month of August 2005, should be aware of changes to the appeals process which take effect September 1, 2005.

House Bill 7, recently enacted by the 79th Texas Legislature, provides that an appeal of a medical dispute resolution order that is not pending for a hearing at the State Office of Administrative Hearings (SOAH) on or before August 31, 2005 is not entitled to a SOAH hearing. This means that the usual 20-day window to appeal to SOAH, found in Commission Rule 148.3, will be shortened for some parties during this transition phase. If you wish to seek an appeal of this medical dispute resolution order to SOAH, you are encouraged to have your request for a hearing to the Commission as early as possible to allow sufficient time for the Commission to submit your request to SOAH for docketing. A request for a SOAH hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas 78744 or faxed to 512-804-4011. A copy of this Decision should be attached to the request.

Beginning September 1, 2005, appeals of medical dispute resolution orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.

Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.



Specialty Independent Review Organization, Inc.

AMENDED REPORT OF 8/23/2005

July 27, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
TWCC #: ____
MDR Tracking #: M5-05-2656-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in Anesthesia and Pain Management. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

According to the medical records, the patient was injured on ____ while working as a registered nurse inspecting nursing homes. On this day, she slipped on a wet floor and injured her left shoulder and left hip. Her first report of injury dated 07-12-01 states that she was in the nursing facility reviewing a patient's chart at the nurse's station when she slipped on milkshake spilled by a resident and injured her left shoulder and hip. She was taken to the emergency room at Lake Pointe Hospital and underwent x-rays of the left shoulder. She then consulted Dr. Huntly Chapman for the orthopedic follow-up evaluation. He evaluated the patient and also studied the cervical spine to rule out contributing pain. Dr. Chapman's initial consult evaluated the patient for left shoulder and left hip pain and the patient was placed on Flexeril and Celebrex. She then initiated physical therapy, which helped some but she continued with problems of range of motion and tingling in the left hand and left forearm. She underwent an MRI of the cervical spine on 12-13-01, which was negative. She denied any problems with overhead activities. She has continued to work throughout her injury and controlled her pain with OTC analgesics, muscle relaxants and sleep aids. The patient continued with difficulties and was referred to P M & R on 12-18-01.

The patient was then seen by Dr. Kathleen Sisler, MD, physiatrist, for evaluation of persistent shoulder pain and she underwent a left shoulder MRI with further physical therapy. She had some regression in her physical therapy treatment due to a cholecystectomy (not related). On 2-26-02, her MRI was reviewed as positive for some arthritic changes without any significant

tears. She was re-evaluated on 06-2-02 and referred to an orthopedic surgeon, Dr. Krishnan, due to persistent limitations. She underwent a subacromial bursa injection of the left shoulder with only one day of relief. Due to her poor response, Dr. Krishnan recommended the left shoulder arthroscopy with subacromial decompression. She had her left shoulder arthroscopy with decompression and distal clavicle resection on 11-11-02 and referred 80% improvement on 11-26-02 in Dr. Krishnan's note. On 12-26-02, she continued to refer improvement and on 03-04-03 she referred 90% improvement, as per Dr. Krishnan's note. She continued with postoperative physical therapy and Bextra. However, notes from Dr. Sisler during this time frame do not report this significant improvement. The note from Dr. Sisler of 01-08-03 states that she is 7 weeks postoperative and "she is not feeling better" due to continued pain and sleep difficulties. On 2-19-03, she refers the same problems of limitation with overhead reaching exacerbating her pain. Dr. Sisler on 03-25-03 states that Dr. Krishnan feels she has recovered but she is still having problems and then performed trigger point injections in the left cervico-scapular region. The patient referred significant benefit with these injections and she repeated them on her next visit with the same response. She was given a clinical IR on 05-15-03 of 7% by Dr. Sisler who stated that the patient had almost fully recovered with improvement of overhead reaching but still cannot sleep on the left shoulder. She continued to work without limitations and occasional medications.

In terms of diagnostics, she has x-rays of left shoulder dated ___ that report mild AC joint arthropathy and the x-ray of the left hip of ___ which was unremarkable. Her MRI of cervical spine of 12-13-01 is unremarkable per report. There is an operative note of 07-18-02 of a left subacromial injection. Another operative note of 11-11-02 is of the left shoulder arthroscopy with debridement, decompression and distal clavicle resection by Dr. Krishnan, MD.

The last note from Dr. Sisler is the impairment rating of 05-15-03. There is no documentation of treatment from this date until her initial consult with Dr. Mark Parker on 06-23-04, one year later. In his note, he states that the patient is consulting due to increased shoulder pain that has impeded her exercise program and she has not had any interval injuries to her shoulder. She refers localized left shoulder pain only with trigger point pain. He reports her range of motion as improved in comparison with her note of 05-15-03 and that there is no motor or sensory deficit. He states she only presents mild discomfort in forward flexion and internal rotation. He then referred her for outpatient physical therapy. On 08-13-04, she is doing home exercise and has discontinued medications once again. She was seen for injuries for this work injury, per Dr. Parker's notes.

Documents Reviewed:

General Records: Notification of IRO Assignment dated 07-01-05; Receipt of MDR request notification dated 07-01-05; MDR Request form dated 07-07-05; EOBs for dates of service: 06-28-04 to 06-30-04, 06-30-04 and 07-19-04 to 07-30-04
Records from the carrier: Introduction letter from SORM / IRO in regards to MDR dated 07-07-05; Notification of IRO Assignment dated 07-01-05; Receipt of MDR request notification dated 07-01-05; MDR Request form dated 07-07-05; Employer's first report of injury dated 07-12-01; Office note from Dr. Sumant Krishnan, MD of 07-18-02 with left shoulder IA injection and office visit from 11-26-02; Office note from Huntly Chapman, MD dated 12-18-01, 12-07-01 and 08-14-01; TWCC 69 dated 05-15-03 with 7% IR by Dr. Sisler; Office noted from Mark Parker, MD dated 06-23-04; Baylor Outpatient physical medicine note by Kathleen Sisler, MD dated 02-05-02, 02-26-02, 04-30-02 06-25-02, 09-19-02, 12-26-02, 02-19-03, 01-08-03, 02-19-03, 03-25-03 and 04-22-03; Illegible PT initial evaluation handwritten noted dated 03-15-02; Letter from Tony Springer, LPT to Dr. Chapman dated 08-20-01; Rehab management daily notes dated: 08-20-01; Terrell Physical Therapy notes dated 07-06-04, 07-02-04, 06-28-04; Referral note from Mark Parker, MD to Terrell Physical therapy dated 06-23-04; X-ray of left shoulder and left hip dated ___; Cervical MRI dated 12-13-01; Lakepointe Medical Center ER record dated ___; Operative report dated 11-11-02 for left shoulder arthroscopy and debridement by Dr. Krishnan

Records from the doctor: Notification of IRO Assignment dated 07-01-05; Receipt of MDR request notification dated 07-01-05; MDR Request form dated 07-07-05; Billing statement from Terrell Physical Therapy dated: 01-13-05; Office note from Mark Parker, MD dated 06-23-04, 07-12-04, 08-25-04, 08-03-04, 07-12-04, 06-29-04; Request for letter of medical necessity dated 08-31-04; Patient telephone conference note of 07-01-04; Prescription for Trazadone dated 06-23-04 from Mark Parker, MD.; Daily physical therapy notes from Terrell Physical Therapy dated: 06-23-04; Office evaluation from Barbara Fraczek, physical therapist, dated 06-28-04, 06-30-04, 07-06-04 07-07-04, 07-09-04, 07-19-04, 07-21-04, 07-23-04, 07-26-04, 07-28-04, 07-30-04; Physical therapy status report dated 07-30-04; EOB from Terrell Physical therapy for dated for audit: 08-23-04, 02-18-05, 08-12-04, 12-27-04.

DISPUTED SERVICES

The items in dispute is the retrospective medical necessity of PT evaluation-97001, therapeutic exercises-97110, manual traction therapy-97140, ultrasound-97035, PT re-evaluation-97002 and electrical stimulation-97032 from 6-28-2004 through 7-30-2004.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The patient seemed to have adequate treatment for what appeared to be an impingement syndrome of the left shoulder. She had conservative treatment previous to the surgery and then underwent arthroscopy with varied reports of relief. Nonetheless, by May of 2003 both her surgeon and treating physician felt that she had recuperated very well with only residual complaints. There is no reference to the year gap in her treatment or rationale for this.

The medical records have not established the medical necessity of the treatment in question. At this level of review, the healthcare provider will need to present his/her case as to the medical necessity of the treatment in question. A letter of medical necessity was not provided to review, which could expand on the patient's pathology and the need for structured physical therapy 18 months post arthroscopy after 12 months without treatment. The referring physician, Dr. Parker stated that her clinical findings were less remarkable than they had been one year prior in her impairment rating. The patient's limitations and level of pain were not to the extent that a four-week course of physical therapy was warranted. According to the Official Disability Guidelines, physical therapy post arthroscopy for this condition should be no more than 10 weeks post surgery. There are no medical studies that support the efficacy of the treatment or mention of her current treatment plan beyond a home therapy program. There is also no mention of the patient following a structured home therapy exercise program throughout the year without formal treatment. The treatment modalities for this patient during the time frame in question included: electrical stimulation, ultrasound, therapeutic exercise and soft tissue mobilization.

In summary, it is the provider's responsibility to establish medical necessity in the request for treatment at this review level. She has continued working throughout her injury and her extent of exacerbation obviously did not impede on her daily functional status. Structured physical therapy at this stage will not change her functional capacity or further instruct her on home physical therapy modalities.

REFERENCES

- (1) American College of Occupational and Environmental Medicine Guidelines 2004.
- (2) Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Interventions for Shoulder Pain. *Physical Therapy*. Vol 81 (10), October 2001.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director