



**Texas Department of Insurance, Division of Workers' Compensation**  
 7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

**MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION**  
**Retrospective Medical Necessity**

**PART I: GENERAL INFORMATION**

**Type of Requestor:** (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestor's Name and Address:

**Total Rehabilitation of Harlingen**  
**1327 E Washington Ave PMB 143**  
**Harlingen TX 78550**

MDR Tracking No.: M5-06-1316-01

Claim No.:

Injured Worker's Name:

Respondent's Name and Address:

**ZNAT Insurance Co Box 47**

Date of Injury:

Employer's Name:

Insurance Carrier's No.:

**PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY**

DWC-60 package. Position summary: Supporting documentation shows medically reasonable and necessary treatment per patient's condition.

**PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY**

Response to DWC-60 package. Position summary: Zenith continues to believe that the disputed services are not medically necessary.

**PART IV: SUMMARY OF DISPUTE AND FINDINGS**

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
3-22-05	This date of service is untimely and ineligible for review per DWC Rule 133.308 (e)(1).	NA	NA
3-23-05 to 3-31-05	97110, 97035, 97140	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
	Total		\$0.00

**PART V: 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 Division Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), Medical Dispute Resolution 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 VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

28 Texas Administrative Code Sec. 133.308

**PART VII: DIVISION DECISION**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the 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:**

Medical Dispute Officer

5-2-06

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Date

**PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW**

Appeals of medical dispute resolution decisions and 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. The Division is not considered a party to the appeal.

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

# **MATUTECH, INC.**

**PO Box 310069  
New Braunfels, TX 78131  
Phone: 800-929-9078  
Fax: 800-570-9544**

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April 27, 2006

Texas Department of Insurance  
Division of Workers' Compensation  
Fax: (512) 804-4868

Re: Medical Dispute Resolution  
MRD#: M5-06-1316-01  
DWC#:  
Injured Employee:  
DOI:  
IRO Certificate No. IRO5317

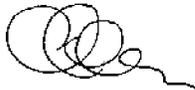
Dear Ms. Torres:

Matutech, Inc. has performed an Independent review of the medical records of the above-named case to determine medical necessity. In performing this review, Matutech reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

Matutech certifies 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 the provider, the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were obtained from Barbara Kelly, Janie Romo, and Total Rehab. The Independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is licensed in Physical Medicine and Rehabilitation, and is currently on the DWC Approved Doctor list.

Sincerely,



John Kasperbauer  
Matutech, Inc.

## REVIEWER'S REPORT

### Information provided for review:

#### Request for Independent Review

#### Information provided by Barbara Kelly:

Medication review (03/08/06)

#### Information provided by Janie Romo:

Office notes (08/18/03 - 03/09/05)

#### Information provided by Total Rehab:

Office notes (08/06/04 - 03/09/05)

Therapy notes (02/14/05 – 05/04/05)

### Clinical History:

This is a 59-year-old female who tripped over a box and fell on her outstretched left wrist and left side on \_\_\_\_\_. She developed pain in her left ankle and left wrist.

**2003 (preinjury record):** Jose Cobos, M.D., noted the patient was status post anterior cruciate ligament (ACL) reconstruction and medial meniscal repair of the right knee.

**2004:** Edelmiro Morales, Jr., PA-C to Dr. Cobos, evaluated the patient for pain to the left wrist and left ankle and discomfort to the left ribs. X-rays revealed a non-displaced scaphoid fracture of the left wrist. X-rays of the left ankle revealed a probable non-displaced fracture of the lateral malleolus. Mr. Morales also diagnosed rib contusion. The patient was placed in a long-arm cast for the scaphoid fracture and in a custom ankle brace for the ankle. Tylenol ES was continued for rib contusion. Later, Dr. Cobos noted the patient was doing well with regard to malleolus fracture. After about a month's time, the patient was fitted with a short-arm thumb spica to be used for six weeks. In November, computerized tomography (CT) of the left wrist revealed a non-displaced fracture of the scaphoid without callus formation. Dr. Cobos thought there was still fracture present. Further referral was made. Jose Bossolo, M.D., noted decreased range of motion (ROM) in the thumb and significant pain in the anatomical snuffbox. There was pain with compression of the first metacarpal. X-rays revealed visible fracture line with some radiolucency in the waist of the scaphoid. Dr. Bossolo diagnosed delayed union of the scaphoid fracture. He recommended continuing conservative treatment and prescribed an electrical bone stimulator.

**2005:** Carmelita Teeter, M.D., noted complaints of left shoulder pain. X-rays of the left shoulder revealed an anterior acromial spur. She diagnosed left rotator cuff syndrome and recommended an injection in to the shoulder. Dr. Bossolo recommended rehabilitation of the upper extremity and a possible work hardening program (WHP).

From February through March, the patient attended 18 sessions of physical therapy (PT) to the left wrist and shoulder consisting of therapeutic exercises, ultrasound, soft tissue mobilization/myofascial release, and cold laser treatment. Upon reviewing a CT scan, Dr. Bossolo noted that the fracture had not completely healed. He did not feel the patient was a surgical candidate and referred her to a pain specialist. In a PT progress note, the therapist stated the patient had completed the treatment and recommended a functional capacity evaluation (FCE) and possible WHP. In May, PT from March 22, 2005, through March 31, 2005, was not authorized since Official Disability Guidelines supported only 10 sessions over 6 weeks. Per a PT discharge note, FCE was not to be performed as the patient had already received an impairment rating (IR) as of April 20, 2005.

**2006:** The therapist requested reconsideration of PT from March 23, 2005, through March 31, 2005.

William Culver, M.D., performed a medication review on March 8, 2006. The following details were obtained from his summary: Dr. Victor Pallares evaluated the patient on March 21, 2005, and noted severe tenderness of the left shoulder. He noted tendinitis in the left levator scapula, trapezius, deltoid, bicipital, and supraspinatus tendons. Dr. Pallares assessed severe pain and swelling in the left hand, rule out atypical reflex sympathetic dystrophy (RSD) and neuropathic myofascial pain syndrome. Skelaxin, Bextra, and Neurontin were started. Later, medications were changed to Zanaflex, Mobic, and Neurontin. In April, Howard Houston, M.D., a designated doctor, felt the patient was not at maximum medical improvement (MMI) because of progressive symptoms in the left wrist. He recommended a surgical consult and electrodiagnostic studies. In July, another designated doctor, William Healey, M.D., felt the patient was not at MMI because of ongoing pain. There was no suggestion of RSD. In an independent medical evaluation (IME), Herman Keillor, M.D., recommended a neurological evaluation. In October, Dr. Pallares noted continued pain in the shoulder and wrist. He assessed right shoulder and wrist pain, neuropathic muscular dystrophy, and RSD of the upper limb. Lyrica was started. Dr. Culver opined that the medications were no longer necessary with the exception of Mobic since there had been prolonged healing. Mobic could be used up to April 1, 2006, due to delayed healing process.

**Disputed Services:**

97140 - Manual therapy  
97110 - Therapeutic exercises  
97035 - Ultrasound  
(03/23/05 to 03/31/05)

**Explanation of Findings:**

Ms. \_\_\_ upon review of documentation noted above has undergone concerted measures of treatment including formalized physical therapy consisting of 11 visits prior to March 22, 2005, in relation to her injury to the left upper extremity. During that treatment process, she received passive modalities and active intervention of therapeutic exercise and up to the March 22, 2005, she should have been proficient with an independent home exercise program that would allow her continued improvement in strength and endurance

and conditioning. There are no reported complications of recovery during that treatment process. Based upon the documentation noted above, there is no evidence to support the need of continued monitored therapy. After 11 visits of formalized physical therapy, it would be expected that no further treatment regarding “hands-on care” or supervision of the healthcare provider would be considered medically necessary even if they were performed by the healthcare provider. After 11 visits of formalized physical therapy prior to March 22, 2005, Ms. \_\_\_ would have had sufficient exposure to formalized physical therapy to continue with her ongoing strength and endurance conditioning exercises on an independent basis. Any gains obtained in the period of March 22, 2005, to March 31, 2005, would likely have been achieved to performance of a home exercise program.

**Conclusion/Decision To Uphold, Overturn or Partially Uphold/Overturn denial:**

Reviewer agrees with the determination of the insurance carrier as to the opinions that the treatments and services in dispute dated above were not medically necessary in this case.

**Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:**

Per ODG – Official Disability Guidelines, Wrist/Hand Chapter:

Physical therapy (PT)	<p>Recommended. Positive (limited evidence). See also specific physical therapy modalities by name. Also used after surgery. Early physical therapy, without immobilization, may be sufficient for some types of undisplaced fractures. It is unclear whether operative intervention, even for specific fracture types, will produce consistently better long-term outcomes. There was some evidence that 'immediate' physical therapy, without routine immobilization, compared with that delayed until after three weeks immobilization resulted in less pain and both faster and potentially better recovery in patients with undisplaced two-part fractures. Similarly, there was evidence that mobilization at one week instead of three weeks alleviated pain in the short term without compromising long-term outcome. (Handoll-Cochrane, 2003) (Handoll2-Cochrane, 2003) During immobilization, there was weak evidence of improved hand function in the short term, but not in the longer term, for early occupational therapy (1 trial), and of a lack of differences in outcome between supervised and unsupervised exercises (1 trial). Post-immobilization, there was weak evidence of a lack of clinically significant differences in outcome in patients receiving formal rehabilitation therapy (3 trials), passive mobilization (2 trials) or whirlpool immersion (1 trial) compared with no intervention. There was weak evidence of a short-term benefit of continuous passive motion (post external fixation) (1 trial), intermittent pneumatic compression (1 trial) and ultrasound (1 trial). There was weak evidence of better short-term hand function in patients given physical therapy than in those given instructions for home exercises by a surgeon (1 trial). (Handoll-Cochrane, 2002)</p> <p><b>ODG Physical Therapy Guidelines –</b>          Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT</p> <p><b>Fracture of carpal bone:</b>          8 visits over 10 weeks</p>
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\_ ODG Official Disability Guidelines: Shoulder Chapter:

Physical therapy	<p>Recommended. Positive (limited evidence). See also specific physical therapy modalities by name. For impingement syndrome significant results were found in pain reduction and isodynamic strength. (Bang, 2000) (Verhagen-Cochrane, 2004) (Michener, 2004) There is poor data from non-controlled open studies favouring conservative interventions for rotator</p>
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cuff tears, but this still needs to be proved. Considering these interventions are less invasive and less expensive than the surgical approach, they could be the first choice for the rotator cuff tears, until we have better and more reliable results from clinical trials. (Ejnisman-Cochrane, 2004) Self-training may be as effective as physical therapist-supervised rehabilitation of the shoulder in post-surgical treatment of patients treated with arthroscopic subacromial decompression. (Anderson, 1999) For adhesive capsulitis, injection of corticosteroid combined with a simple home exercise program is effective in improving shoulder pain and disability in patients. Adding supervised physical therapy provides faster improvement in shoulder range of motion. When used alone, supervised physical therapy is of limited efficacy in the management of adhesive capsulitis. (Carette, 2003) Use of a home pulley system for stretching and strengthening should be recommended. (Thomas, 2001) Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasonography, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral.

#### **ODG Physical Therapy Guidelines –**

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT

#### **Rotator cuff syndrome/Impingement syndrome:**

Medical treatment: 10 visits over 8 weeks

#### **Sprains and strains of shoulder and upper arm:**

9 visits over 8 weeks

#### **Sprained rotator cuff:**

Medical treatment: 10 visits over 8 weeks

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The physician providing this review is a medical doctor. The reviewer is national board certified in Physical Medicine and Rehabilitation. The reviewer is a member of AMA, AAPM&R, PASSOR. The reviewer has been in active practice for 7 ½ years.

Matutech is forwarding this decision by mail and in the case of time sensitive matters by facsimile to the Texas Department of Insurance, Division of Workers Compensation.

Matutech retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by Matutech clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the Utilization Review Accreditation Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by Matutech represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to Matutech for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Matutech assumes no liability for the opinions of its contracted physicians and/or clinician advisors the health plan, organization or other party authorizing this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

## Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). 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. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.