

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	06/16/2006
Injured Employee:	
Address:	
MDR #:	M2-06-1353-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for physical rehabilitation - 12 sessions CPT codes 97140, 97110, 97112.

DECISION: Upheld

IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 06/16/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The physical rehabilitation included under codes 97140, 97110 and 97112 should be denied.

CLINICAL HISTORY:

This 43-year-old female was allegedly injured on _____. She complained of pain in her right wrist. More than 30 months later she underwent a right carpal tunnel release (CTR).

RATIONALE:

The injured individual had also undergone a rotator cuff repair in July 2004. She completed 42 post-operative therapy sessions after the CTR on 11/09/2005. Per the physical therapy note of 03/17/2006 she was still complaining of 6/10 pain at the shoulder and 5/10 pain at the wrist after activity. She also claimed that prolonged typing, pushing, pulling and lifting with right hand all caused her to have increased pain.

On examination she had a fairly good range of motion (ROM) of the shoulder and wrist. Her strength was measured at 4+/5. main issues were mild decrease of wrist extension and shoulder motion, pain in the right wrist and shoulder and alleged difficulties with pulling, pushing and lifting. There is no documentation of objective clinical findings commensurate with the alleged functional difficulties.

The injured individual has also had extensive therapy and should be more than familiar with a home exercise program (HEP). Additional physical therapy is not warranted at this time. In particular passive therapy and modalities are inappropriate and not warranted. She had excessive amount of therapy with passive modalities.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 05/24/06
- MR-117 dated 05/22/06
- MR-100 dated 05/09/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 06/01/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 06/01/06
- Pain & Recovery Clinic: Letter dated 06/01/06 from Dean McMillan, M.D.
- Utilization: Letters dated 05/26/06, 05/12/06 from Carolyn Guard, RNC
- Downs-Stanford, P.C.: Medical Dispute Resolution dated 05/23/06
- DWC: Form memo dated 05/08/06 from Medical Review Division
- Liberty Mutual Group: Letters dated 04/12/06, 03/30/06 from Joyce Belizone, Utilization Review Nurse
- Intracorp: Letter dated 04/11/06 from Marcus Villarreal, M.D.
- Pain & Recovery Clinic: Preauthorization Review dated 04/07/06
- Dallas Spine Care: Fax Cover sheet dated 04/06/06
- Pain & Recovery Clinic: Fax Cover Sheets dated 04/06/06, 03/23/06
- Intracorp: Letter dated 03/30/06 from Scott Limpert, M.D.
- Dallas Spine Care: Chart Note dated 03/27/06 from Robert Henderson, M.D.
- Pain & Recovery Clinic: Concurrent Review dated 03/23/06
- Pain & Recovery Clinic: Referral form dated 03/21/06
- Pain & Recovery Clinic: Physical Therapy Progress Note dated 03/17/06 from Timothy Meekins, LPT
- Caudal Epidural Steroid Block: Report dated 03/13/06 from Robert Henderson, M.D.
- Pain & Recovery Clinic: Request for Reconsideration dated 03/05/06 from Dean McMillan, M.D.
- Dallas Spine Care: Initial Chart Note dated 02/10/06 from Robert Henderson, M.D.
- First Street Surgical Center: Operative Note dated 11/09/05 from Jacob Varon, M.D.

The reviewing provider is a **Licensed/Boarded Orthopedic Surgeon** and certifies that no known conflict of interest exists between the reviewing Orthopedic Surgeon and 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 prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

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.

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Department of Insurance Division of Workers' Compensation
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this

__16th__ day of __JUNE__ 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: **Beth Cucchi**_____