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IRO REVIEWER REPORT

DATE OF REVIEW: 04/24/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Denial for twelve (12) sessions of physical therapy for the cervical spine and right shoulder.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THIS DECISION:

Texas License and currently on TDI DWC ADL.
Diplomate of the American Association of Quality Assurance & Utilization Review Physicians
Diplomate of the American Academy of Pain Management
Certified by the American Academy of Disability Evaluating Physicians
Fellow of the American Back Society

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. 10/26/06 – Office note from Medical Centers.
2. 12/19/06 –report from M.D.
3. 01/03/07 – Peer review from D.O.
4. 01/25/07 Thru 02/15/07 – Chiropractic office notes.
5. 01/31/07 –M.D., Designated Doctor Evaluation.
6. TASB note sheet.
7. 03/09/07 – Preauthorization denial.
8. Undated rebuttal letter signed by the employee.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The notes suggest that the employee works for the School District. She is employed as a teacher for mentally challenged students. The employee has had multiple on-the-job injuries involving the cervical and upper thoracic regions.

The claimant had a cervical spine injury and right shoulder injury after a student grabbed her hair and pulled her backwards. This injury was resolved sometime around 07/27/06 when she was placed at Maximum Medical Improvement (MMI) with an 8% whole person impairment rating.

With regard to the employee's most recent on-the-job injury, merely one month after the conclusion of the previous occupational incident. This most recent incident occurred when two students grabbed her hair and shook her head violently.

The employee began treating with Dr. at Medical Centers. Care included conservative management with physical therapy for at least six visits.

On 10/09/06, a cervical spine MRI was performed, which revealed "normal MRI of the cervical spine and spinal cord. No adverse change since 04/13/06."

The employee was later returned to work and placed at MMI on 12/19/06 by Dr. Dr. certified that MMI occurred sometime around 10/26/06.

After the MMI award was provided to the employee, she transferred her care to a local chiropractor at Centers. The initial chiropractic examination was documented on 01/25/07, and at this point, a new and slightly different mechanism of injury was reported. Now it was stated that the employee was actually sitting on the ground when three students pulled her hair causing her to lean onto her right arm resulting in pain in that region. During the chiropractic note from Centers, it was reported that the employee had also seen a previous chiropractor, Dr. who diagnosed a "out of place rib and out of place collar bone".

Another Designated Doctor Evaluation was performed by M.D., on 01/31/07. A 6% whole person impairment rating was awarded. Dr. performed an orthopedic evaluation of the right shoulder which revealed some crepitus and decreased range of motion. These were both rated during the impairment rating award process. Additionally, a neurological examination was performed, and there was normal sensation noted with no evidence of wasting, atrophy, or other abnormality in the upper extremity.

During the 02/15/07 note, the chiropractor from Centers wrote during the objective portion of the examination that the employee had a "radiculopathy" present which ran down her left upper extremity during flexion of the shoulder. This subjective statement was the only statement mentioned during the examination findings, and at that point, the chiropractor suggested the need for an EMG and NCV study.

It appears that a request for ongoing physical therapy was submitted to include up to twelve additional visits, and this was denied during a preauthorization process on 03/09/07.

A rebuttal letter was provided by the employee herself suggesting that she would have an attorney investigate multiple wrong doings by the insurance carrier and the designated doctor,

M.D. In fact, one statement during her letter suggested that Dr. had been flown on a private plane in order to do his Designated Doctor Evaluation, and she was positive that the insurance company was paying Dr. directly to perform his Designated Doctor Evaluation.

There were no further records available for review.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The employee sustained an occupational injury. The initial evaluations by Dr. confirmed no evidence of significant physical abnormality. No significant focal neurological deficit was documented. The claimant had no cervical spasm or guarding, at least on the impairment rating evaluation date of 12/19/06 as documented by Dr. Perkins.

The employee had already undergone an adequate trial of physical therapy for her soft tissue injury, and after an MRI study confirmed absolutely no acute or traumatic structural pathology, the employee was placed at MMI no later than 10/26/06.

Restarting conservative treatment that has already been attempted is not reasonable or medically necessary. The employee indicates that she still has ongoing symptoms that have stabilized. The definition of MMI is the earliest date after which further material recovery can no longer be expected. With ongoing physical therapy, no additional further material recovery could be expected since the employee has been stabilized since at least October, 2006.

Finally, *Official Disability Guidelines* updated in April, 2007 do allow up to ten visits of physical therapy for a cervical strain injury. With regard to a “dislocation of the shoulder or AC joint dislocation”, *Official Disability Guidelines* allow between eight to twelve visits of physical therapy. The employee underwent at least six visits of physical therapy, and by approximately 10/26/06, her symptoms had reached a static and stable end treatment point. Based on this fact, it is clear that earlier physical therapy is not warranted or medically necessary.

The preauthorization denial of the requested twelve additional physical therapy visits is upheld. The ongoing physical therapy has not been found to be reasonable or medically necessary based on current treatment guidelines outline by the *Official Disability Guidelines* updated in April, 2007.

If the IMED’s decision is contrary to: (1) the DWC’s policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

A. *Official Disability Guidelines*