

MEDICAL REVIEW OF TEXAS

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DATE OF REVIEW: OCTOBER 22, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Retrospective medical necessity of work hardening program first 2 hours (97545-WH-CA) and each additional hour (97546-WH-CA) for dates of service 4/18/2007 through 6/1/2007.

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

Doctor of Chiropractic

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. IRO Request forms from TDI-DWC and Carrier EOBs
2. Personal intake and history forms from the treating doctor's office
3. Job description from employer, undated
4. MRI of lumbar spine, dated 3/16/2007

5. MRI of cervical spine, dated 5/7/2007
6. MRI of brain, dated 5/7/2007
7. Thoracic and lumbar radiographic reports
8. Carrier paper review, dated 5/21/2007
9. Rehabilitation center evaluations, dated 4/17/2007, 4/5/2007, and 3/9/2007
10. Treating doctor's daily progress notes, through 5/1/2007
11. Work hardening daily notes, including psychology group notes and case management summaries, dated 4/17/2007 through 5/31/2007
12. Initial Functional Capacity Evaluation, dated 4/11/2007
13. Interim Functional Capacity Evaluation, dated 5/10/2007
14. Final Functional Capacity Evaluation, dated 6/1/2007
15. Neurological specialist's evaluation and report, dated 3/27/2007
16. Designated doctor examination and DWC-69 report, dated 4/27/2007
17. Letters of medical necessity from the treating doctor, dated 6/4/2007 6/19/2007
18. Various DWC-73s

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a female who was mopping when she slipped and fell backwards, landing onto her spine. She reported the incident immediately to her supervisor, who subsequently reported it to the manager, and the injured worker was told to go to the doctor. She presented that day for chiropractic care and physical therapy. A functional capacity evaluation was performed on 4/11/2007 that demonstrated the patient had met her PDL, yet subsequent evaluation by the treating doctor determined that she was a candidate for a work hardening program. This was then initiated and completed on 5/3/2007. Just prior to the completion of the work hardening program (on 4/27/2007), the claimant was referred by DWC to a designated doctor examination. It was the opinion of the designated doctor that the claimant had reached MMI with a 5% whole-person impairment

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

In the preamble of the Texas Workers Compensation Commission's amendments to rule 134.600, the Commission states as follows: "Over-utilization of medical care can both

endanger the health of injured workers and unnecessarily inflate system costs. Unnecessary and inappropriate health care does not benefit the injured employee or the workers' compensation system. Unnecessary treatment may place the injured worker at medical risk, cause loss of income, and may lead to a disability mindset. Unnecessary or inappropriate treatment can cause an acute or chronic condition to develop."

¹ In its report to the legislature, the Research and Oversight Council on Texas Workers' Compensation explained its higher costs compared to other health care delivery systems by stating, "Additional differences between Texas workers' compensation and Texas group health systems also widen the cost gap. These differences include...in the case of workers' compensation, the inclusion of costly and questionable medical services (e.g., work hardening/conditioning.)" ² In this case, the provider's work hardening program is just the type of questionable services of which the TWCC and the legislature spoke when expressing concern in regard to medically unnecessary treatments that may place the injured worker at medical risk, create disability mindset, and unnecessarily inflate system costs.

Current medical literature states, "...there is no strong evidence for the effectiveness of supervised training as compared to home exercises. There is also no strong evidence for the effectiveness of multidisciplinary rehabilitation as compared to usual care." ³ The literature further states "...that there appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities..." ⁴ And a systematic review of the literature for a multidisciplinary approach to chronic pain found only 2 controlled trials of approximately 100 patients with no difference found at 12-month and 24-month follow-up when multidisciplinary team approach was compared with traditional care.⁵ Based on those

¹ 26 Tex. Reg. 9874 (2001)

² "Striking the Balance: An Analysis of the Cost and Quality of Medical Care in Texas Workers' Compensation System," Research and Oversight Council on Workers' Compensation, Report to the 77th Legislature, page 6.

³ Ostelo RW, de Vet HC, Waddell G, Kerchhoffs MR, Leffers P, van Tulder M, Rehabilitation following first-time lumbar disc surgery: a systematic review within the framework of the cochrane collaboration. Spine. 2003 Feb 1;28(3):209-18.

⁴ Karjalainen K, Malmivaara A, van Tulder M, Roine R, Jauhiainen M, Hurri H, Koes B. Multidisciplinary biopsychosocial rehabilitation for neck and shoulder pain among working age adults. Cochrane Database Syst Rev. 2003;(2):CD002194.

⁵ Karjalainen K, et al. Multidisciplinary rehabilitation for fibromyalgia and musculoskeletal pain in working age adults. Cochrane Database of Systematic Reviews 2000;2.

studies, the work hardening program utilized in this case was not medically necessary.

However, perhaps even more at issue is the fact that this provider recommended a work hardening program for this claimant a mere 45 days post injury, and despite the fact that chiropractic treatment and physical therapy was already demonstrating improvement. According to the treating doctor's daily notes, the under "subjective, the pain levels were continually decreasing ("arrows down" circled), and under the treating doctor's own assessment, he repeatedly circled the word "progressing." If, according to the treating doctor's own documentation, a lesser costly service was demonstrating efficacy, it is unclear why the treating doctor found it so necessary to suddenly shift the patient from this program into a more costly, much more aggressive work hardening program. Since that decision was not well supported in the documentation submitted, the work hardening program is not supported as medically necessary.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES – NOT PROVIDED
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
* SEE FOOTNOTES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)