

FORTE**NOTICE OF INDEPENDENT REVIEW DECISION – AMENDED DECISION**

Date: October 20, 2004

RE:

MDR Tracking #: M5-04-2088-01

IRO Certificate #: 5242

FORTE has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to FORTE for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

FORTE has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic physician reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

According to the supplied documentation, it appears that the claimant injured his upper back and shoulder when he was pulling a piece of steel tube on 12/05/2002 while working. The claimant reported to _____ for evaluation. The patient began chiropractic therapy. A MRI was performed on 01/21/2003 that identified a 1-mm posterior bulge at C2-3 and straightening of the cervical lordosis. The claimant underwent a right great occipital nerve block by _____ on 01/31/2003. A NCV was performed on 04/01/2003 with no abnormal results. The claimant performed a FCE on 06/12/2003 at _____ that reported that the claimant needed to attend a 4-week work hardening program. A designated doctor exam was performed by _____ who felt the claimant may need surgery for his shoulder complaints and was not at MMI. On 08/19/2003, the claimant had a MRI of his right shoulder performed, which was negative for any acute trauma, but did have degenerative changes. On 09/19/2003, the claimant was evaluated by _____ who felt the claimant should undergo arthroscopic surgery on his right shoulder. _____ evaluated the claimant on 10/10/2003 and reported that he did not object to the arthroscopic surgery. A total of 85 chiropractic sessions were reviewed. The documentation ends here.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including office visits, myofascial release, therapeutic exercise, mechanical traction, ultrasound therapy, therapeutic

procedures, manual therapy, supplies, massage therapy, neuromuscular re-education, self-care/home management and chiropractic manipulative therapy rendered between 03/14/2003 and 12/30/2003.

Decision

I agree with the treating doctor that the services rendered 03/14/2003 until 03/27/2003 were medically necessary. I agree with the carrier that the remainder of services in question were not medically necessary.

Rationale/Basis for Decision

According to the supplied documentation, the objective findings in _____ compensable injury are limited. The MRI performed revealed a 1-mm disc bulge at C2-3 with no indentation into any structures. The NCV was negative. The shoulder MRI was negative except for degenerative changes, which would not be related to the compensable injury dated 12/05/2002. A FCE report dated 06/12/2003 stated that the claimant could safely lift 50 lbs, but needed a WH program because he needed to lift 100 lbs. There is no clinical or objective rationale that supports the claimant's inability to lift his pre-injury capacity 7 months post injury. These negative findings on the objective tests would limit the diagnosis to an apparent sprain/strain. A typical guideline for treatment would be limited to 8-12 weeks following the onset of treatment. The first daily note is reported on 01/02/2003. The therapy rendered until 03/27/2003 appears to be reasonable and medically necessary to treat the compensable injury. The referrals for consultations appear reasonable as well as the diagnostic testing. The remainder of care should be limited to a home-based exercise program. With continued complaints, monthly office visits are seen as medically necessary to refer and continue to adjust the home-based exercise program.