

MDR Tracking Number: M5-04-2202-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 3-18-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits on 6/12/03 and 7/8/03 **were found** to be medically necessary. The electrical stimulation, ultrasound, joint mobilization, massage therapy, gait training, and neuromuscular re-education from 5/23/03 through 7/29/03 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 6/12/03 and 7/8/03 as outlined above in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 24th day of August 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

Revised Notice 06/25/04
Note: Attachment Added

May 28, 2004

AMENDED LETTER

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-04-2202-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) 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 TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional 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 TMF 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

This 38-year-old male sustained a work-related injury on ____ when he was carrying a desk up some stairs and lost his balance. He did not fall, but strained his back, resulting in pain to his lower back, bilateral hips, left calf, and left thigh. Treatment has included pain medications, epidural steroid injections, and physical therapy and testing.

Requested Service(s)

Electrical stimulation, ultrasound, joint mobilization, neuromuscular reeducation, massage therapy, gait training, and office visits from 05/23/03 through 07/29/03.

Decision

It is determined that the office visits on 06/12/03 and 07/08/03 were medically necessary to treat this patient's medical condition. However, the electrical stimulation, ultrasound, joint mobilization, massage therapy, gait training, and neuromuscular reeducation provided from 05/23/03 through 07/29/03 were not medically necessary.

Rationale/Basis for Decision

The office visits on 06/12/03 and 07/08/03 were medically necessary for ongoing evaluation of the patient in this case, however, the physical therapy services noted in the medical record documentation were not medically necessary. The medical records indicated that the patient received chiropractic and physical therapy care from April of 2002 through December of 2002 without evidence of improvement clinically or decrease in his pain. The use of electrical stimulation, ultrasound, joint mobilization, massage therapy, gait training, and neuromuscular reeducation was not medically necessary for the treatment of the patient from 05/23/03 through 07/29/03.

While manipulation and/or joint mobilization may be medically necessary forms of treatment in the acute phase of care, there would be no medical necessity for the continued use of spinal mobilization techniques from 05/23/03 through 07/29/03. The patient had already had an extensive course of treatment with the chiropractor with no change in his condition. An adequate trial of care is defined as a course of two weeks each of different types of manual procedures (4 weeks total), after which, in the absence of documented improvement, manual procedures are no longer indicated (*Haldeman, S., Chapman-Smith, D., and Petersen, D, Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen, Gaithersburg, Maryland, 1993.*) The patient has had a protracted course of care in excess of the parameters delineated by the above-mentioned document and has not demonstrated a favorable response to treatment.

Haldeman reported that manipulation appears to have its greatest effect immediately following treatment and during the initial two to six weeks of ongoing treatment. Haldeman noted that the effectiveness of manipulation for the management of back pain seems to be minimal at 3 months to 12 months (*Haldeman, S. "Spinal manipulation therapy: A status report", Clinical Orthopedics and Related Research, 179:62-70, 1983.*)

The use of electrical stimulation, massage, and ultrasound from 05/23/03 through 07/29/03 was not medically necessary. The Philadelphia Panel found that therapeutic exercises were found to be beneficial for chronic, subacute, and post-surgery low back pain. Continuation of normal activities was the only intervention with beneficial effects for acute low back pain. For several interventions and indications (e.g., thermotherapy,

therapeutic ultrasound, massage, electrical stimulation), there was a lack of evidence regarding efficacy. (*Philadelphia Panel Evidence-based Guidelines on Selected Rehabilitation Interventions for Low Back Pain. Phys Ther. 2001;81:1641-1674*).

The Agency for Health Care Policy and Research: Clinical Practice Guideline Number 14, "Acute low Back Problems in Adults" indicates that "the use of physical agents and modalities in the treatment of acute low back problems is of insufficiently proven benefit to justify its cost".

Van der Windt et al conducted a review to evaluate the effectiveness of ultrasound therapy in the treatment of musculoskeletal disorders. Thirty-eight studies were included in the review, evaluating the effects of ultrasound therapy for lateral epicondylitis, shoulder pain, degenerative rheumatic disorders, ankle distortions, temporomandibular pain and or myofascial pain and a variety of other disorders. In 11 out of 13 placebo-controlled trials with validly scores of at least five out of ten points, no evidence of clinically important or statistically significant results was found. *The authors conclude that, as of yet, there seems to be little evidence to support the use of ultrasound therapy in the treatment of musculoskeletal disorders.* The large majority of 13 randomized placebo-controlled trials with adequate methods did not support the existence of clinically important or statistically significant differences in favor of ultrasound therapy (*Van der Windt DA, et al, "Ultrasound therapy for musculoskeletal disorders: a systematic review", Pain 1999 Jun;81(3):257-71*)

Robertson and Baker noted that therapeutic ultrasound is one of the most widely and frequently used electrophysical agents. The authors conducted a systematic review of randomized controlled trials (RCTs) in which ultrasound was used to treat people with those conditions. Thirty-five English-language RCTs were published between 1975 and 1999. Each RCT identified was scrutinized from patient outcomes and methodological adequacy. Ten of the 35 RCTs were judged to have acceptable methods using criteria based on those developed by Sackett et al. Of these RCTs, the results of 2 trials suggest that therapeutic ultrasound is more effective in treating some clinical problems (carpal tunnel syndrome and calcific tendinitis of the shoulder) than placebo ultrasound, and the results of 8 trials suggest that it is not. The authors concluded that *there was little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or range of musculoskeletal injuries or for promoting soft tissue healing.* The few studies deemed to have adequate methods examined a wide range of patient problems. The dosages used in these studies varied considerable, often for no discernable reason. (*Robertson VJ, Baker KG, "A review of therapeutic ultrasound: effectiveness studies", Phys Ther. 2001 Jul;81(7):1339-50*)

The use of gait training from 05/23/03 to 07/29/03 was not medically necessary, as the patient did not have a lower extremity disorder that would necessitate the use of gait testing. Simple walking would be sufficient for exercise, and as such, the use of gait training was not indicated.

The use of neuromuscular reeducation was not medically necessary for the treatment of the patient from 05/23/03 through 07/29/03. The patient had already undergone an extensive course of chiropractic and physical therapy treatment with no evidence of substantive benefit. Neuromuscular reeducation is commonly utilized for post-stroke rehabilitation and is not commonly utilized for the management of conditions similar to the patient's. The CPT Code Book defines neuromuscular reeducation as: *"neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception"*. The procedure is utilized to re-establish the neural link between the central nervous system and the motor system after neurological injury. As no evidence of such neural injury was noted, the use of the procedure was not consistent with the diagnosis.

Sincerely,