

**TEXAS WORKERS' COMPENSATION COMMISSION
MEDICAL REVIEW DIVISION, MS-48
MEDICAL DISPUTE RESOLUTION
FINDINGS AND DECISION**

MDR Tracking Number: M5-05-1690-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 2-14-05.

In accordance with Rule 133.308 (e)(1), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The following date(s) of service are not timely and are not eligible for this review: 1-30-04 – 2-16-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the therapeutic exercises, gait training, neuromuscular reeducation and analysis of clinical data stored in computer on 2-16-04 were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for date of service 2-16-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Finding and Decision is hereby issued this 27th day of April 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision

Parker Healthcare Management Organization, Inc.
3719 North Belt Line Road, Irving, TX 75038
972.906.0603 972.906.0615 (fax)

April 15, 2005

ATTN: Program Administrator
Texas Workers Compensation Commission
Medical Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100
Austin, TX 78744
Delivered by fax: 512.804.4868

Notice of Determination

MDR TRACKING NUMBER: M5-05-1690-01
RE: Independent review for ____.

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 3.8.05.
- Faxed request for provider records made on 3.10.05.
- The case was assigned to a reviewer on 4.5.05.
- The reviewer rendered a determination on 4.13.05.
- The Notice of Determination was sent on 4.15.05.

The findings of the independent review are as follows:

Questions for Review

Items in dispute are CPT codes 97110 (Therapeutic Exercise), 97116 (Gait Training), 97112 (Neuromuscular Reeducation), 97113 (Aquatic Therapy), 99090 (Analysis of clinical data stored in computer). All apparently denied by the carrier with a "V" code for a lack of medical necessity. The therapy in question was initiated early in 2004 and ended in March of that year.

Determination

After review of all of the medical records submitted, it is the opinion of this reviewer, to **uphold the denial** of all of the CPT codes 97110 (Therapeutic Exercise), 97116 (Gait Training), 97112 (Neuromuscular Reeducation), 97113 (Aquatic Therapy), and 99090 (Analysis of clinical data stored in computer).

Summary of Clinical History

The claimant is a warehouse worker and was injured on the date of 6-28-02, based upon the information stated in the patient's documentation. He apparently was injured trying to move a box of metal. This action required the patient to bend over and push the box which weighed about 300 pounds and as a result, started to have lower back pain and radicular pain that involved the right lower extremity. Since then, the patient has received consults from various specialists, received

conservative care and various other procedures to help correct the pain. The patient has also received diagnostic testing.

Clinical Rationale

The initial peer review done by Floyd Robinson, M.D., which denied any and all care beyond a certain date, and assumes that all patients with a certain diagnosis fall within a structured treatment guideline that does not vary. He feels that the patients' condition should be resolved within 6-8 weeks, per the peer review done on March 24, 2003.

There was another peer review done on February 12, 2004 by Ephraim Brenam, M.D. He essentially agreed with the designated doctor's opinion, that states that the patient was at MMI at the time of his review and agreed with given impairments. The aforementioned peer reviews offer no information that would be helpful in determining the outcome of the services in question. The medical necessity of therapy should be determined by specifics of a case, outcome assessment(s), and an examination. Blanket statements about care without an examination cannot be used as an ultimate determining factor.

Jupiter Health Works provided detailed daily notes and therapy documentation for review. During the time in question, the patient received months of therapy. Regarding the daily notes, the subjective, objective, and therapeutic approach remained largely unchanged. In particular, the patient's pain level remained unchanged, the body mechanic factors were the same, the social interaction was the same, the limiting factors were the same and the time, sets, reps and various particulars of the performed exercises stayed essentially the same. This demonstrates that the patient did not progress in regards to performance and capability. As a result of a comprehensive overview of the collective evidence provided, there is no support offered for the therapy and services in question. The determination has to do with the specifics and individual qualities of the case and patient in question.

Clinical Criteria, Utilization Guidelines or other material referenced

Occupational Medicine Practice Guidelines, Second Edition.

The Medical Disability Advisor, Presley Reed MD

A Doctors Guide to Record Keeping, Utilization Management and Review, Gregg Fisher

The reviewer for this case is a doctor of chiropractic peer matched with the provider that rendered the care in dispute. The reviewer is a diplomate of the American Chiropractic Neurology Board and serves as an Associate Professor with the Carrick Institute. The reviewer has added credentials in clinical nutrition, rehabilitation and electrodiagnostic medicine. The reviewer is engaged in the practice of chiropractic on a full-time basis.

The review was performed in accordance with Texas Insurance Code §21.58C and the rules of the Texas Workers Compensation Commission. In accordance with the act and the rules, the review is listed on the TWCC's list of approved providers, or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and any of the providers or other parties associated with this case. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

In accordance with TWCC Rule 102.4 (h), a copy of this decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 14th day of April,2005.

If our organization can be of any further assistance, please feel free to contact me.

Sincerely,

Meredith Thomas
Administrator

CC: Jupiter Health Works
Attn: Maria Cazaress
Fax 817.429.4665

ECAS
Attn: Neal Moreland
Fax: 512.732.2404

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