

May 23, 2005

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

POLICY: M5-05-1971-01

CLIENT TRACKING NUMBER: M5-05-1971 5278

Amended Review 5/25/05:

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the case in question to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

RECORDS RECEIVED FROM THE STATE:

Notification of IRO Assignment dated 5/10/05, 24 pages

RECORDS RECEIVED FROM JUPITER HEALTHWORK:

Medical Dispute Resolution Request/Response, 17 pages

Letter from Jupiter Health Works dated 11/30/04, 2 pages

Request for Reconsideration dated 9/6/04, 4 pages

Letter from TPA for Ins Co St of PA dated 10/8/04, 1 page

TWCC-62 Explanation of Benefits, DOS 10/23/03, 10/24/03, 10/27/03, 10/31/03, 11/3/03, 11/4/03, 11/5/03, 11/7/03, 11/10/03, 11/14/03, 11/17/03, 11/20/03, 11/21/03, 12/3/03,

12/5/03-12/10/03, 12/19/03-12/23/03, 12/23/03-12/29/03, 1/6/04-1/16/04, 1/12/04-1/28/04, 1/30/04-2/4/04, 1/12/04, 3/23/04, 3/23/04, 3/25/04, 3/26/04, 4/9/04, 4/20/04-4/21/04, 4/22/04, 4/28/04, 5/4/04, 5/7/04, 5/11/04, 5/12/04, 5/13/04, 6/4/04, 6/15/04, 6/22/04,

6/24/04, 6/29/04, 7/7/04-7/23/04, 7/8/04-7/23/04, 7/27/04, 7/20/04-7/30/04, 7/20/04-8/3/04, 8/5/04, 49 pages HCFA billings, DOS 10/23/03 through 8/3/04, 62 pages
HCFA billings marked Original Bill, DOS 10/23/03 through 8/3/04, 62 pages
Initial Medical Report dated 10/23/03, 2 pages
TWCC Work Status Report dated 10/23/03, 1 page
Examination Sheet dated 10/23/03, 1 page
SOAP Notes, DOS 10/24/03-11/14/03, 11 pages
Exercise Program/Progress Status Report, 11/17/03-12/12/03, 5 pages
TWCC Work Status Report dated 12/22/03, 1 page
Exercise Program/Progress Status Report, 12/22/03-2/6/04, 7 pages
Examination Sheet, 1/6/04, 1 page
Rehabilitation Program Area of Injury sheet, 3/23/04, 3/24/04, 3/25/04, 3 pages
Subsequent Medical Report, 3/26/04, 2 pages
Examination Sheet, 3/26/04, 1 page
Letter from TWCC dated 7/16/04, 5 pages
Rehabilitation Program Area of Injury sheet, 4/9/04-10/12/04, 47 pages
Examination Sheet, 9/14/04, 5/25/04, 3/26/04, 2/13/04, 1/6/04, 5 pages
SOAP notes, 11/14/03, 11/12/03, 11/10/03, 11/7/03, 11/6/03, 11/5/03, 11/4/03, 11/3/03, 10/31/03, 10/30/03, 10/29/03, 11 pages
MRI Lumbar spine report, 5/16/02, 2 pages
E/M without patient present, 10/27/04, 1 page
TWCC-69 report of medical evaluation, 1/12/04, 1 page
Request to respond to peer review, 9/24/04, with duplicate, 4 pages
E/M without patient present, 9/27/04, 1 page
Patient medical history, undated, 1 page
SOAP notes, 10/28/03, 10/27/03, 10/24/03, 10/23/03, 4 pages
MRI Lumbar spine report, 11/12/03, 1 page
Operative report, 2/24/04, 1 page
Initial patient Evaluation, 12/16/03, 3 pages
Subsequent Medical Report, 9/14/04, 5/25/04, 3/26/04, 2/13/04, 9 pages
Letter dated 2/3/04, 1 page
Subsequent Medical Report, 1/7/04, 1 page
Initial Medical Report, 10/23/03, 2 pages
Rehabilitation Program Area of Injury sheet, 7/23/04, 7/29/04, 7/30/04, 3 pages
Exercise Program/Progress Status Report, 11/17/03-2/20/04, 15 pages
Aquatic Rehabilitation Program: lower extremities, 2/23/04-3/25/04, 5 pages
Rehabilitation Program area of Injury, Lumbar Spine, 3/2/04-5/27/04, 26 pages
TWCC Work Status Report, 10/23/03-10/28/04, 12 pages
Letter from TWCC dated 10/14/03, 5 pages

Summary of Treatment/Case History:

Patient is a 44-year-old male truck driver who, on 10/14/03, came to a sudden stop in his 18-wheeler when another vehicle hit the passenger side of his truck. This sudden stop caused tons of steel to move forward, striking his cabin (without actually entering). A short time thereafter, he began experiencing lower back pain, so he proceeded to the emergency room. When his pain continued to worsen, he presented himself to a doctor of chiropractic and began a regimen of conservative chiropractic care, including physical therapy and rehabilitation. He was eventually referred to a pain management medical doctor and received an ESI on 2/24/04, followed by more rehabilitation and therapy.

Questions for Review:

1. Were the therapeutic exercises #97110; neuromuscular reeducation #97112; aquatic therapy #97113; gait training #97116; & analysis of clinical dates stored in computers #99090 medically necessary on 4/21/04 to 8/3/04?

Explanation of Findings:

1. Were the therapeutic exercises #97110; neuromuscular reeducation #97112; aquatic therapy #97113; gait training #97116; & analysis of clinical dates stored in computers #99090 medically necessary on 4/21/04 to 8/3/04?

No. In terms of the gait training services (#97116) provided in this case, the medical records are devoid of any specific pathology with the patient's gait that would otherwise support the medical necessity of this service. Specifically, the treating doctor's initial report (10/23/03) documented, "His gait is slow and moves with guarded movements." However, in each and every subsequent report, (1/7/04, 2/13/04, 3/26/04, 5/25/04, and 9/14/04), the doctor writes, "His gait and posture is unremarkable." Therefore, the medical necessity of providing gait training services was unsupported.

In regard to the neuromuscular reeducation services (#97112), there was nothing in either the diagnosis or the physical examination findings on this patient that demonstrated the type of neuropathology that would necessitate the application of this service. According to a Medicare Medical Policy Bulletin, "This therapeutic procedure is provided to improve balance, coordination, kinesthetic sense, posture, motor skill, and proprioception. Neuromuscular reeducation may be reasonable and necessary for impairments which affect the body's neuromuscular system (e.g., poor static or dynamic sitting/standing balance, loss of gross and fine motor coordination, hypo/hypertonicity). The documentation in the medical records must clearly identify the need for these treatments." In this case, the documentation failed to fulfill these requirements, rendering the performance of this service medically unnecessary.

Insofar as the aquatic therapy procedures (#97113), the records failed to indicate the medical necessity of an aquatic-based protocol versus a land-based one. On the contrary, it was already documented that the patient was able to perform land-based exercises because the records demonstrated that a land-based protocol was being performed at the same time.

In terms of the land-based therapeutic exercises (#97110), the dates in dispute in this case were 6 months post-injury and the records demonstrate that the patient had already been engaged in an exercise protocol for quite some time. Absent anything specific in the medical records to the contrary, the patient should have been more than capable at that point to perform the required exercises safely in a home setting. In other words, the continued performance of activities that could have been performed as a home exercise program are not indicated. In fact, services that do not require "hands-on care" or supervision of a health care provider are not considered medically necessary services *even if* the services were performed by a health care provider. On the most basic level, the provider failed to establish why the continuing services were required to be performed one-on-one when current medical literature states, "...there is no strong evidence for the effectiveness of supervised training as compared to home exercises."

With regard to the analysis of clinical data stored in computers (#99090), there was absolutely nothing in the narrative reports, daily SOAP notes, examination sheets, or rehabilitation logs that explained or

discussed this service. Therefore, without the proper supporting documents, the medical necessity of this service was unsupported.

And finally, the medical records submitted indicated that a proper regimen of chiropractic spinal adjustments was not performed on this patient (the records demonstrate that it was only performed three times). According to the AHCPR guidelines, spinal manipulation was the only recommended treatment that could relieve symptoms, increase function and hasten recovery for adults suffering from acute low back pain; the British Medical Journal reported that spinal manipulation combined with exercise yielded the greatest benefit; furthermore, JMPT reported that spinal manipulation may be the only treatment modality offering broad and significant long-term benefit for patients with chronic spinal pain syndromes. Based on those findings, this reviewer doesn't understand why a doctor of chiropractic would withhold this recommended treatment while performing a host of other non-recommended therapies.

Conclusion/Decision to Not Certify:

The therapeutic exercises #97110; neuromuscular reeducation #97112; aquatic therapy #97113; gait training #97116; & analysis of clinical dates stored in computers #99090 were not medically necessary on 4/21/04 to 8/3/04.

References Used in Support of Decision:

HGSA Medicare Medical Policy Bulletin, Physical Therapy Rehabilitation Services, original policy effective date 04/01/1993 (Y-1B)

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.

Haas M, Group E, Kraemer DF. Dose-response for chiropractic care of chronic low back pain. Spine J. 2004 Sep-Oct;4(5):574-83. "There was a positive, clinically important effect of the number of chiropractic treatments for chronic low back pain on pain intensity and disability at 4 weeks. Relief was substantial for patients receiving care 3 to 4 times per week for 3 weeks."

Bigos S., Bowyer O., Braen G., et al. Acute Low Back Problems in Adults. Clinical Practice Guideline No. 14. AHCPR Publication No. 95-0642. Rockville, MD: Agency for Health Care Policy and Research, Public Health Service, U.S. Department of Health and Human Services. December, 1994.

UK Back pain Exercise And Manipulation (UK BEAM) randomised trial:

Medical Research Council, British Medical Journal (online version) November 2004.

Muller, R. Giles, G.F. J Manipulative Physiol Ther 2005;28:3-11.

This review was provided by a chiropractor who is licensed in Texas, certified by the National Board of Chiropractic Examiners, is a member of the American Chiropractic Association and has several years of licensing board experience. This reviewer has given numerous presentations with their field of specialty. This reviewer has been in continuous active practice for over twenty years.

MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

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