

MDR Tracking Number: M5-05-0537-01

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 10-15-04.

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 neuromuscular re-education, therapeutic activities, massage therapy, therapeutic exercises and office visits were not medically necessary. 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 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 dates of service from 03-25-04 to 04-19-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 28th day of December 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

Enclosure: IRO decision



Specialty Independent Review Organization, Inc.

December 22, 2004

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-05-0537-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered 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.

This case was reviewed by a licensed Medical Doctor with a specialty in Neurology. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ is a 39-year-old male who is working as a welder. He suffered injuries at work on ____. Apparently, a crane struck some scaffolding, which in turn hit ___ in the back pushing him forward. His head struck some type of object and he suffered a laceration above his left eyebrow. He also had a complaint of neck and lower back pain. He was seen on the day of the injury in the ER at Christus St. Elizabeth Hospital and had x-rays of the cervical and lumbar spine and a CT of the head taken. The head CT was normal. The C-spine MRI showed some mild straightening of the normal cervical lordosis and the lumbar spine films remarkable for an old appearing compression fracture at T-12.

___ then came under the care of Dr. Patrick McMeans beginning on 01-06-04. Dr. McMeans' actual medical specialty is unknown but he appears to be a physical medicine and rehabilitation specialist. He diagnosed ___ with a head trauma and left forehead laceration, cervical lumbosacral spasm and strain and lumbar and cervical myofascial pain. He recommended physical therapy, ultrasound, hot packs, therapeutic exercise and electrical muscle stimulation. ___ underwent a total of 47 physical therapy sessions under the care of Dr. McMeans from January 13, 2004 thru April 19, 2004.

A required medical examination was performed on ___ by Dr. J. Thomas Dilger, Jr. on January 29, 2004. Dr. Dilger's diagnoses were status post laceration of the left eyebrow, lumbar spine pain, lumbar radiculopathy, cervicalgia and cervical radiculopathy. He recommended that the claimant be referred for an MRI of the cervical and lumbar spine and a neurosurgical consultation. He also felt he would need physical therapy followed by work hardening and that he should stay off work until the above were received.

___ also had a designated doctor's evaluation by Dr. William W. Smith. Dr. Smith saw ___ on February 9, 2004 and diagnosed him with lumbar spine, muscle spasm, compression fracture of the T-12 and laceration of the left forehead. He felt that ___ was not at maximal medical improvement and that he would likely reach MMI on 05-30-04. He recommended further physical therapy due to ongoing spasms and guarding of the lumbar paraspinal muscles and that he should not return to work.

Dr. Smith saw ___ again on June 10, 2004 and indicating that he was not at MMI because he needed additional studies, namely a bone scan and a lower thoracic and lumbar spine. He was seen again on June 7, 2004 and felt that he was not at MMI and would not likely be at MMI until October 7, 2004. He felt that ___ needed additional therapy in the form of possible surgical repair of his left eyebrow laceration and an investigation of the complaint of numbness in the distribution of the supraorbital nerve. He felt that he could return to work with restrictions on lifting and bending. He did not indicate that ___ needs any further physical therapy for his lumbar muscle spasm.

A required medical examination was performed on August 31, 2004 by James E. Grossman, M.D. Dr. Grossman provided diagnoses of head contusion, left eyebrow laceration, lumbar strain and cervical strain. He felt that no further physical therapy, chiropractic treatment or physiatric treatment would be necessary. A 2 to 4 week course of work hardening would be of benefit. He was not a surgical candidate. Functional capacity evaluations performed on the same day revealed that ___ was capable of working in a medium capacity. It was felt that this was a valid assessment.

A physical therapy review was performed on 05-11-04 by Samuel Milton, M.D. from Professional Reviews, Inc. Dr. Milton recommended up to 18 sessions of physical therapy from 01-12-04 thru 04-01-04, but that beyond 04-01-04 no further treatment could be recommended based upon the documented condition. Dr. Milton submitted a reconsideration on 06-24-04 indicating that ___ had actually received 22 visits during the period of time from 01-12-04 thru 04-01-04. He felt there was no new clinical information to support therapy beyond that point.

Records Reviewed:

ER records from Christus St. Elizabeth Hospital dated 01-05-04.

Office progress notes, physical therapy notes and appeal letter from Patrick McMeans, M.D. Health and Medical Practice Associates dated 01-06-04 thru 10-01-04.

Functional capacities evaluation from Dr. James Grossman performed August 31, 2004.

Required medical examination, J. Thomas Dilger, Jr., M.D. dated January 29, 2004.

Designated doctor's reports, William W. Smith, M.D., February 23, 2004, June 10, 2004 and July 1, 2004.

Required medical examination James E. Grossman, M.D., August 31, 2004.

On physical therapy review – Professional Reviews, Inc., Samuel Milton, M.D. dated 05-11-04 with reconsideration dated June 24, 2004.

X-ray report from Patrick McMeans, M.D. dated 01-13-04

MRI of the lumbar spine dated 02-18-04 from Advanced Imaging Associates.

DISPUTED SERVICES

The services under dispute include neuromuscular re-education, therapeutic activities, massage, therapeutic exercises and office visits from 3/25/04 through 4/19/04.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states ___ suffered a blunt injury to his lower back resulting in a traumatic laceration of his left forehead. He has had no demonstrable neurologic deficits such as weakness, atrophy, reflex abnormality or sensory loss. His only objective findings have been mildly abnormal straight leg raising. The only pertinent radiographic findings are that of a T-12 compression fracture which is age indeterminate but does not appear to be acute. Based upon the medical records submitted, there does not appear to be any justification for additional physical therapy services or other modalities during the dates in question. This reviewer agrees with the findings of Dr. Milton that 18 physical therapy sessions would be appropriate, but the documentation submitted does not support 47 physical therapy sessions.

References:

American College of Osteopathic Medicine, Occupational Medicine Guidelines Second edition, Lee Glass Ed., pp298-315.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director