

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 11-4-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO Decision.

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 evaluation and therapeutic exercises were 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 outlined above as follows:

- In accordance with Medicare program reimbursement methodologies for dates of service on or after August 1, 2003 per Commission Rule 134.202 (c), 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 6-1-04 through 6-25-04 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 Order is hereby issued this 29th day of December 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

DZT/dzt

Enclosure: IRO Decision

December 21, 2004

TEXAS WORKERS COMP. COMMISSION  
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M5-05-0768-01

#### AMMENDED REVIEW

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 from the State:

Notification of IRO assignment, 12/7/04  
Letter from Raina Sims, Arkansas Claims Management, 12/14/04  
Independent Review Organization Summary, 12/13/04  
Reviews from ConiliumMD, 8/15/04, 7/14/04, 7/12/04 x2, 7/6/04  
TWCC MR-117 notice, 12/7/04  
Medical Dispute Resolution Request/Response form, 11/4/04  
List of providers  
Table of Disputed Services  
Employer's First Report of Injury or Illness, 7/9/99  
Report of Medical Evaluation, 5/4/00

##### Records from Cleburne Physical Therapy:

Bills, 6/1/04 through 6/25/04  
Letter from Cindy Hamm, 12/13/04  
Request for Reconsideration, 7/26/04  
Explanation of benefits  
Reviews from ConiliumMD, 7/12/04 x2, 7/6/04, 7/14/04  
Referral form for Physical Therapy, 5/13/04  
Initial evaluation, 6/1/04

Daily notes, 6/4/04 through 6/23/04  
Discharge evaluation, 6/25/04  
Patient history form, 7/20/99  
Referral form for Physical Therapy, 10/26/99  
Office note, John Malonis, MD, 10/5/04  
Note summary, Cleburne Physical Therapy, 6/4/04 through 6/23/04

#### Records from Dr. Malonis

Impairment rating, 4/27/00  
Range of Motion, 4/27/00  
Office notes, 4/12/02, 5/9/02, 4/20/04, 5/13/04, 4/12/02, 5/9/02, 4/20/04, 5/13/04  
Radiology report, MRI, 5/10/04  
Referral for Physical Therapy, 5/13/04  
Letters to Dr. Buretz, 7/20/99, 8/12/99, 9/21/99, 10/26/99, 12/28/99, 2/3/00, 3/21/00, 4/25/00,  
MRI report, 7/20/99  
Post Myelogram CT, 7/26/99  
Post Myelogram and CT, 7/26/99  
Operative report, 7/30/99  
Report of Medical Evaluation, 5/4/00  
MRI report, 5/10/04  
Work status note, 10/26/99

#### **Summary of Treatment/Case History:**

This patient had a reported work-related low back injury, with subsequent left hip pain, dated \_\_\_\_\_. The patient required lumbar laminectomy and discectomy (of L5/S1), which was performed on 07/30/99. Following extensive post-operative rehabilitation, the patient was given an impairment rating on 04/27/00 of 14%.

The record indicates the patient continued to receive check ups, showing fluctuations of lumbar symptoms. Then, on 04/20/04, the MD report indicates the patient had "worsening of pain." The MD ordered an MRI, which showed a paracentral disc bulge of L5/1 and diffuse bulging of L4/5. The MD note of 05/13/04 indicates that the MD discussed options with the patient, including lumbar fusion surgery. Conservative measures were offered and were to include a trial of physical therapy to include McKenzie and stabilization exercises.

The patient received 8 prescribed PT visits through 06/25/04 and was subsequently discharged after completing the plan of care. The patient showed improvements in ROM in lumbar flexion from 30 to 40 and in extension from 10 to 15.

#### **Questions for Review:**

1. Is PT medically appropriate from 06/01/04 through 06/25/04 for this 06/25/99 reported date of injury?

#### **Explanation of Findings:**

The documentation defines an exacerbation of the underlying pathology (MD note 04/20/04). The MRI findings of 05/10/04 identified two-level disc involvement. Along with the patient's subjective

symptoms, both the documented exacerbation and the MRI findings support a short series of PT interventions. (Ref. 1)

The PT documentation includes appropriate baseline measures to support the plan of twice weekly PT for four weeks. The treatment notes identify an appropriate progression of treatments, specific to the diagnosis.

McKenzie extension exercises, also known as *mechanical therapy*, have a direct influence on healing injured lumbar discs. Current scientific literature supports the use of this form of PT intervention to reduce subjective symptoms, improve lumbar disc health, and maximize patient function. (Ref. 2, 3)

Lumbar stabilization exercises are appropriately applied in patients with lumbar disc problems. Studies demonstrate that patients can gain improved pain control and better spine function. Outcome studies point toward improved patient function with the use of these exercises. (Ref. 4)

The PT notes show appropriate use of both McKenzie and lumbar stabilization exercises. The emphasis on patient independence with home exercises within a short series of eight PT visits further bolsters the medical necessity of the PT provided within the dates of question. Moreover, the PT was administered based on the MD examination and MRI findings, each of which supports a short series of PT.

**Conclusion/Decision to Certify:**

1. Is PT medically appropriate from 06/01/04 through 06/25/04 for this 06/25/99 reported date of injury?

The decision is to certify PT (#97110) from 06/01/04 through 06/25/04, and the PT evaluation (#97001) on 6/1/04 as medically appropriate for an exacerbation of the underlying pathology. The PT documentation includes appropriate baseline measures to support the plan of twice weekly PT for four weeks. The treatment notes identify an appropriate progression of treatments, specific to the diagnosis.

**References Used in Support of Decision:**

1. Pattern F: Impaired Joint Mobility, Motor Function, Muscle Performance, Range of Motion, and Reflex Integrity Associated with Spinal Disorders. In *Guide to Physical Therapist Practice*. 2<sup>nd</sup> Edition. American Physical Therapy Association. Alexandria, VA. 2001. Pp. 223 - 222.
2. F. Todd Wetzel, MD, and Ronald Donelson, MD, MS. The Role of Repeated End-Range/Pain Response Assessment in the Management of Symptomatic Lumbar Discs. In *The Spine Journal*. March/April 2003. Vol. 3. No. 2. Pp. 146-154.
3. Tom Petersen, PT, BSc, et al. The Effect of McKenzie Therapy as Compared With That of Intensive Strengthening Training for the Treatment of Patients With Subacute or Chronic Low Back Pain. In *Spine*. August 15, 2002. Vol. 27. No. 16. Pp. 1702-1709.

4. Paul S. Sung, PT, DHSc. Multifidi Muscles Median Frequency before and after Spinal Stabilization Exercises. In *Archives of Physical Medicine and Rehabilitation*. September 2003. Vol. 84. No. 9. Pp. 1313-1318.

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This reviewer has a Masters in Physical Therapy. They are currently the Clinic Manager of an orthopedic physical therapy practice. The reviewer has been certified by the American Board of Physical Therapy Examiners as an Orthopedica specialist. The reviewer is also a certified manual physical therapist. The reviewer has been certified by the National Strength and Conditioning Association as a Sports and Conditioning Specialist. The reviewer is a member of the American Physical Therapy Association. The reviewer is the author of 64 patient education modules in a series entitled A Patient's Guide to Rehabilitation. The reviewer has been in active practice since 1991.

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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