

## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### Retrospective Medical Necessity Dispute

#### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (X) HCP ( ) IE ( ) IC	<b>Response Timely Filed?</b> (X) Yes ( ) No
Requestor's Name and Address Pain & Recovery Clinic of North Houston 6660 Airline Drive Houston, Texas 77076	MDR Tracking No.: M5-05-2153-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

#### PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Did Requestor Prevail?
From	To		
04-01-04	06-11-04	99212, 97110, 97140 and 97112	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

#### PART III: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Commission Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), the Medical Review Division assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the requestor and respondent.

The Division has reviewed the enclosed IRO decision and determined that the requestor did **not** prevail on the disputed medical necessity issues.

#### PART IV: COMMISSION DECISION

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is not entitled to reimbursement for the services involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Typed Name

06-08-05  
\_\_\_\_\_  
Date of Decision

#### PART V: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision in the Austin Representative's box.

Signature of Insurance Carrier: \_\_\_\_\_ Date: \_\_\_\_\_

**PART VI: YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on \_\_\_\_\_. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

**Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**

June 1, 2005

TEXAS WORKERS COMP. COMMISSION  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_\_\_  
EMPLOYEE: \_\_\_\_\_  
POLICY: M5-05-2153-01  
CLIENT TRACKING NUMBER: M5-05-2153-01

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:**

FROM THE STATE:

Notification of IRO assignment dated 4/28/05 1 page  
Texas Workers Compensation Commission form dated 4/28/05 1 page  
Medical dispute resolution request/response form 2 pages  
Provider sheet 6 pages  
Table of disputed services 8 pages  
Explanation of Benefits from Humble ISD Workers Compensation 4 pages

FROM THE REQUESTOR:

Letter from Connie Wheat dated 5/7/05 1 page  
Table of disputed services 8 pages  
Carrier's peer review dated 6/28/04 5 pages  
Requestor's position statement dated 2/17/05 10 pages  
Medical records dated 1/23/04 1 page  
Texas Workers Compensation Work Status report dated 2/2/04 1 page  
Letter from Marla Puckett dated 1/26/04 1 page  
Letter from Marla Puckett dated 1/26/04 1 page  
Letter from Employment Coordinator dated 1/27/04 1 page  
Request for temporary disability leave dated 1/27/04 1 page  
Payment of compensation or notice of refused disputed claim dated 1/23/04 1 page  
Initial medical report dated 2/5/04 2 pages  
Texas Workers Compensation Commission work status report dated 3/4/04 1 page  
North Houston Imaging center report dated 2/12/04 1 page  
Imaging report dated 2/13/04 2 pages  
MRI report dated 2/13/04 1 page

Initial foot and ankle consult dated 2/23/04 3 pages  
Evaluation report dated 2/23/04 1 page  
Employee request to change treating doctors form dated 2/24/04 1 page  
Letter from Jennifer Payer dated 2/26/04 1 page  
Subsequent Medical report dated 3/4/04 2 pages  
Texas Workers compensation Work status report dated 4/6/04 1 page  
Daily progress note dated 3/24/04 1 page  
Daily progress note dated 3/25/04 1 page  
Daily progress note dated 3/26/04 1 page  
Daily progress note dated 4/1/04 1 page  
Daily progress note dated 4/2/04 1 page  
Daily progress note dated 4/6/04 1 page  
Daily progress note dated 4/7/04 1 page  
Subsequent medical note dated 4/7/04 2 pages  
Texas Workers Compensation work status report dated 5/6/04 1 page  
Daily progress note dated 4/8/04 1 page  
Daily progress note dated 4/15/04 1 page  
Daily progress note dated 4/16/04 1 page  
Initial evaluation dated 4/16/04 3 pages  
Daily progress note dated 4/17/04 1 page  
Daily progress note dated 4/22/04 1 page  
Daily progress note dated 4/24/04 1 page  
Letter from                   dated 4/27/04 1 page  
Office visit note dated 4/27/04 2 pages  
Daily progress note dated 4/28/04 1 page  
Patient history notes dated 4/28/04 2 pages  
Daily progress note dated 4/30/04 1 page  
Daily progress note dated 5/5/04 1 page  
Daily progress note dated 5/6/04 1 page  
Daily progress note dated 5/7/04 1 page  
Subsequent medical report dated 5/10/04 2 pages  
Texas Workers Compensation work status report dated 6/8/04 1 page  
Office visit note dated 5/11/04 2 pages  
Patient evaluation form dated 5/11/04 1 page  
Daily progress note dated 5/13/04 1 page  
Daily progress note dated 5/14/04 1 page  
Daily progress note dated 5/19/04 1 page  
Daily progress note dated 5/20/04 1 page  
Daily progress note dated 5/22/04 1 page  
Texas Workers Compensation work status report 1 page  
Office visit note dated 5/25/04 2 pages  
Daily progress note dated 5/25/04 1 page  
Daily progress note dated 5/27/04 1 page  
Daily progress note dated 6/3/04 1 page  
Physical therapy progress note dated 6/4/04 2 pages  
Daily progress note dated 6/4/04 1 page  
Daily progress note dated 6/5/04 1 page  
Subsequent medical report dated 6/8/04 2 pages  
Texas Workers Compensation work status report dated 7/13/04 1 page  
Letter from Jennifer Payer dated 6/9/04 1 page  
Letter from Jennifer Payer dated 6/9/04 1 page  
Daily progress note dated 6/10/04 1 page  
Daily progress note dated 6/11/04 1 page  
Office visit note dated 6/15/04 1 page  
Operative report dated 6/16/04 2 pages  
Discharge summary dated 6/16/04 1 page  
Office visit note dated 6/24/04 1 page  
Chart notes dated 6/30/04 1 page  
Subsequent medical report dated 7/13/04 2 pages  
Texas Workers Compensation work status report dated 8/12/04 1 page

FROM THE RESPONDENT:

Letter from Jenny Drinkwater dated 7/14/03 2 pages

Calender for 2004 and 2005 1 page  
Texas Workers Compensation Commission form dated 4/7/05 1 page  
Medical dispute resolution request/response form 1 page  
Provider sheet 4 pages  
Table of disputed services 8 pages  
Letter from Connie Wheat dated 3/28/05 1 page  
Medical record review dated 6/28/04 5 pages  
Medical record review dated 3/4/05 3 pages  
Letter from Dr. Hood, MD dated 4/11/05 3 pages  
Explanation of Benefits 2 pages  
First report of injury or illness form 1 page  
Payment of compensation or notice of refused disputed claim form dated 2/26/04 1 page  
History and physical treatment notes 2 pages  
Workmans Comp registration form dated 1/23/04 1 page  
Post visit instruction sheet 1 page  
Radiology report dated 1/23/04 2 pages  
Request for physical exam form dated 2/2/04 1 page  
Progress notes dated 1/26/04 1 page  
Chart notes dated 2/2/04 1 page  
Progress note dated 1/26/04 1 page  
Easy RX form dated 1/27/04 1 page  
Physical therapy evaluation dated 1/27/04 2 pages  
Daily notes dated 1/27/04 1 page  
Daily notes dated 1/29/04 1 page  
Daily notes dated 1/3/04 1 page  
Texas Workers Compensation work status report dated 2/2/04 1 page  
Texas Workers Compensation work status report dated 2/3/04 1 page  
Nova fax cover sheet 1 page  
Physical therapy report dated 3/17/04 1 page  
Prescription for EMS device dated 8/20/04 1 page  
Fitting and patient acceptance form dated 8/20/04 1 page  
Gulf Coast DME form dated 8/20/04 1 page  
Gulf Coast DME form dated 8/23/04 1 page  
Gulf Coast DME statement of medical necessity dated 8/23/04 2 pages  
Gulf Coast DME form dated 3/28/04 1 page  
Letter from Valerie Martinez 1 page  
Prescription for EMS device dated 9/30/04 1 page  
Operative report dated 6/16/04 2 pages  
Discharge summary dated 6/16/04 1 page  
Anesthesia record 1 page  
Imaging report left ankle dated 2/13/04 2 pages  
Imaging report lumbar spine dated 2/13/04 1 page  
Functional capacity assessment dated 9/22/04 10 pages  
Functional capacity assessment dated 9/22/04 12 pages  
Chart notes dated 4/28/04 2 pages  
Texas Workers Compensation work status report dated 5/3/04 1 page  
Operative report dated 11/18/04 2 pages  
Mental Health Evaluation dated 12/23/04 6 pages  
Psychosocial history report dated 3/22/05 3 pages  
Chart notes dated 5/24/04 2 pages  
Job title 1 page  
Initial foot and ankle consult dated 2/23/04 3 pages  
Letter of medical necessity dated 2/23/04 1 page  
Chart notes dated 2/23/04 1 page  
Precert information sheet 1 page  
Chart notes dated 3/1/04 2 pages  
Chart notes dated 3/15/04 1 page  
Chart notes dated 3/29/04 2 pages  
Chart notes dated 4/12/04 1 page  
Chart notes dated 4/27/04 2 pages  
Chart notes dated 5/1/04 2 pages  
Chart notes dated 5/11/04 1 page  
Chart notes dated 5/25/04 2 pages

Medical necessity for foot/ankle orthosis dated 5/25/04 1 page  
Letter of medical necessity for cryotherapy dated 5/25/04 1 page  
Chart notes dated 6/15/04 1 page  
Chart notes dated 6/24/04 1 page  
Chart notes dated 6/30/04 1 page  
Chart notes dated 7/19/04 1 page  
Chart notes dated 7/19/04 1 page  
Chart notes dated 8/2/04 1 page  
Chart notes dated 8/23/04 1 page  
Chart notes dated 9/20/04 1 page  
Chart notes dated 10/19/04 2 pages  
Assessment/Physical exam dated 10/22/04 4 pages  
Follow up assessment dated 2/17/05 1 page  
Physician orders dated 2/17/05 1 page  
Follow up note dated 1/28/05 1 page  
Initial medical report dated 2/5/04 2 pages  
Texas Workers compensation work status report dated 12/5/04 1 page  
Daily progress note dated 2/5/04 1 page  
Daily progress note dated 2/6/04 1 page  
Daily progress note dated 2/9/04 1 page  
Daily progress note dated 2/11/04 1 page  
Daily progress note dated 2/12/04 1 page  
Daily progress note dated 2/18/04 1 page  
Daily progress note dated 2/20/04 1 page  
Daily progress note dated 2/24/04 1 page  
Daily progress note dated 2/26/04 1 page  
Daily progress note dated 2/28/04 1 page  
Daily progress note dated 3/3/04 1 page  
Subsequent Medical report dated 3/4/04 2 pages  
Texas Workers Compensation work status report dated 3/4/04 1 page  
Daily progress note dated 3/8/04 1 page  
Daily progress note dated 3/10/04 1 page  
Daily progress note dated 3/12/04 1 page  
Daily progress note dated 3/16/04 1 page  
Daily progress note dated 3/18/04 1 page  
Daily progress note dated 3/24/04 1 page  
Daily progress note dated 3/5/04 1 page  
Daily progress note dated 3/26/04 1 page  
Daily progress note dated 4/1/04 1 page  
Request for preauthorization dated 4/1/05 1 page  
Daily progress note dated 4/2/04 1 page  
Daily progress note dated 4/6/04 1 page  
Daily progress note dated 4/7/04 1 page  
Subsequent medical note dated 4/7/04 2 pages  
Texas Workers Compensation work status report dated 4/7/04 1 page  
Daily progress note dated 4/8/04 1 page  
Daily progress note dated 4/15/04 1 page  
Initial evaluation dated 4/16/04 3 pages  
Daily progress note dated 4/16/04 1 page  
Daily progress note dated 4/17/04 1 page  
Daily progress note dated 4/22/04 1 page  
Daily progress note dated 4/24/04 1 page  
Daily progress note dated 4/28/04 1 page  
Daily progress note dated 4/30/04 1 page  
Daily progress note dated 5/5/04 1 page  
Daily progress note dated 5/6/04 1 page  
Daily progress note dated 5/7/04 1 page  
Subsequent medical report dated 5/10/04 2 pages  
Texas Workers Compensation work status report dated 5/10/04 1 page  
Daily progress note dated 5/13/04 1 page  
Daily progress note dated 5/14/04 1 page  
Daily progress note dated 5/19/04 1 page  
Daily progress note dated 5/20/04 1 page

Daily progress note dated 5/22/04 1 page  
Daily progress note dated 5/25/04 1 page  
Daily progress note dated 5/27/04 1 page  
Daily progress note dated 6/3/04 1 page  
Physical therapy progress note dated 6/4/04 2 pages  
Daily progress note dated 6/4/04 1 page  
Daily progress note dated 6/5/04 1 page  
Subsequent medical report dated 6/8/04 2 pages  
Texas Workers Compensation work status report dated 6/8/04 1 page  
Daily progress note dated 6/10/04 1 page  
Daily progress note dated 6/11/04 1 page  
Subsequent medical report dated 7/13/04 2 pages  
Texas Workers Compensation work status report dated 7/13/04 1 page  
Post-Surgical evaluation dated 7/26/04 3 pages  
Daily progress note dated 7/26/04 1 page  
Daily progress note dated 7/28/04 1 page  
Daily progress note dated 8/4/04 1 page  
Daily progress note dated 8/6/04 1 page  
Daily progress note dated 8/7/04 1 page  
Daily progress note dated 8/11/04 1 page  
Subsequent medical report dated 8/12/04 1 page  
Texas Workers Compensation work status report dated 8/12/04 1 page  
Daily progress note dated 1/13/04 1 page  
Daily progress note dated 8/14/04 1 page  
Daily progress note dated 8/18/04 1 page  
Daily progress note dated 8/20/04 1 page  
Daily progress note dated 8/21/04 1 page  
Daily progress note dated 8/25/04 1 page  
Daily progress note dated 8/26/04 1 page  
Daily progress note dated 8/31/04 1 page  
Daily progress note dated 9/3/04 1 page  
Daily progress note dated 9/3/04 1 page  
Daily progress note dated 9/4/04 1 page  
Daily progress note dated 9/9/04 1 page  
Daily progress note dated 9/10/04 1 page  
Daily progress note dated 9/11/04 1 page  
Daily progress note dated 9/14/04 1 page  
Daily progress note dated 9/15/04 1 page  
Texas Workers Compensation work status report dated 9/16/04 1 page  
Daily progress note dated 11/4/04 1 page  
Daily progress note dated 11/9/04 1 page  
Daily progress note dated 11/11/04 1 page  
Daily progress note dated 11/12/04 1 page  
Daily progress note dated 11/15/04 1 page  
Daily progress note dated 11/16/04 1 page  
Daily progress note dated 11/17/04 1 page  
Daily progress note dated 11/23/04 1 page  
Daily progress note dated 11/24/04 1 page  
Daily progress note dated 11/29/04 1 page  
Daily progress note dated 12/1/04 1 page  
Daily progress note dated 12/3/04 1 page  
Daily progress note dated 12/8/04 1 page  
Daily progress note dated 12/10/04 1 page  
Daily progress note dated 12/11/04 1 page  
Daily progress note dated 12/15/04 1 page  
Physical therapy progress note dated 12/16/04 2 pages  
Subsequent medical report dated 1/18/05 2 pages  
Daily progress note dated 1/18/05 1 page  
Daily progress note dated 1/19/05 1 page  
Daily progress note dated 1/20/05 1 page  
Daily progress note dated 1/24/05 1 page  
Daily progress note dated 1/27/05 1 page  
Daily progress note dated 1/28/05 1 page

Physical therapy progress note dated 2/2/05 2 pages  
Daily progress note dated 2/2/05 1 page  
Daily progress note dated 2/3/05 1 page  
Daily progress note dated 2/4/05 1 page  
Request for reconsideration dated 2/8/05 2 pages  
Daily progress note dated 2/9/05 1 page  
Daily progress note dated 2/10/05 1 page  
Daily progress note dated 2/11/05 1 page  
Daily progress note dated 2/14/05 1 page  
Daily progress note dated 2/17/05 1 page  
Daily progress note dated 2/18/05 1 page  
Daily progress note dated 2/24/05 1 page  
Daily progress note dated 2/25/05 1 page  
Daily progress note dated 2/26/05 1 page  
Subsequent medical report dated 3/10/05 2 pages  
Texas Workers Compensation work status report dated 3/10/05 1 page  
Letter from Dr. Martinez, DC dated 3/30/05 3 pages  
WC's indications for assessment/evaluation 2 pages  
Texas Workers Compensation Commission Order for Payment form dated 5/11/05 2 pages

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

The patient is a 42 year old female who apparently suffered a work-related injury, \_\_\_\_, to her lumbar spine and ankle. MRI of the lumbar and sacral spine revealed eccentric, small-herniated disc at L5-S1 on the right with foraminal stenosis; minor bulge at L4-5. MRI of the left ankle showed no evidence for fracture and dislocation, but was positive for mild soft tissue swelling, a 1.5 cm hypertrophic achilles spur, a 5mm and 2 mm plantar spurs, and another 2-3 mm two different spurs in the post/inf. aspect of the calcaneus. The patient has been mainly under the care of Dr. McMillan, M.D. She underwent a short course of physical therapy from 1/27/04 to 3/23/04 at Nova Health Care Centers. She was discharged due to lack of attendance, apparently due to increasing pain in the left ankle. She subsequently underwent outpatient PT at The Pain and Recovery Clinic under the care of Dr. McMillan from 3/24/04 to 6/11/04. She was referred to podiatrist, Dr. Lamarra who eventually performed a left Achilles tendon repair, excision of the intratendinous calcification/calcaneus spur on 6/16/04. Post-op PT was recommended. FCE performed 3/16/04 placed patient in the Medium PDL. FCE 9/22/04 placed patient in the Light-Medium PDL. The patient was referred the pain management physician, Dr. Shanti on 1/22/04 in which the consultant eventually performed a left lumbar sympathetic block on 11/18/04. She apparently continued to complain of pain in both areas. According to the most current note by the provider, 3/10/05, the patient is taking Motrin, Ultram, and Flexeril for pain control and Zoloft for depressive reaction. He recommended continuing active PT, continue to receive passive modalities on a PRN basis, repeat FCE, assess current psychological status, prescribed Motrin 600mg #60 1 po q 12 hours with food PRN, Darvocet-N 100mg #30 1 qHS PRN for pain, Zoloft 50mg #30 1 po q AM daily and follow up in 4 weeks.

### **Questions for Review:**

1. Dates of service 4/1/04 thru 6/11/04- Office visits (#99212), therapeutic exercised (#97110), manual therapy technique (#97140) and neuromuscular re-education (#97112). Denied with denial code V for medical necessity.

### **Explanation of Findings:**

The patient underwent passive PT for about 5 sessions from 1/26/04 to 3/23/04 at Nova Health Care Centers. The patient had not attended PT during this time from 2/2/04 to 3/23/04, apparently due to increased pain in the left ankle. She also during this lapse in PT, had a MRI of the left ankle (2/13/04) that was significant for soft tissue swelling, and multiple plantar and calcaneal bone spurs. The patient resumed PT, this time under the care of Dr. McMillan, from 3/24/04 to 6/11/04. She had a total of 29 visits of both active and passive PT under the direction of Dr. McMillan.

The patient was evaluated by Saul G. Trevino, M.D., Professor, Chief of the Foot and Ankle Division, Department of Orthopaedics and Rehabilitation on 4/28/04; he felt that the patient might have a torn left achilles tendon and recommended a second MRI for a better quality image. The patient continued to receive PT up until 6/11/04 despite a possible acute achilles rupture. PT during this time only aggravated the patient's left ankle complaints. She eventually needed surgical intervention to correct the left ankle pathology on 6/16/04.

According to the Official Disability Guidelines (ODG), 10th Edition, physical therapy is recommended for ankle injuries in general, and is also recommended for Achilles bursitis or tendonitis. Surgery is not always the first line treatment for an Achilles tendon rupture. According to the ODG, 9 sessions of physical therapy over 8 weeks is recommended for Achilles tendon bursitis or tendonitis. Any therapy beyond this, active or passive, particularly in light that the patient eventually required surgery, would not be considered reasonable, medically necessary, or appropriate utilization of physical therapy services.

The patient had at least 5 sessions of PT at Nova Health Care Centers (in which she was discharged apparently due to the patient complaints of therapy that was only aggravating her left ankle pain) and an additional 29 visits (3/25/04, 3/26/04, 3/27/04, 4/1/04...6/11/04) while under the care of Dr. McMillan before at the Pain and Recovery Clinic. The first 3 visits should have been enough time to determine that the patient was not an appropriate candidate for continued active or passive PT and that surgical intervention might be necessary, and thus any therapy beyond this point would be considered not reasonable, medically necessary, or appropriate utilization of services. This would include the procedures of

therapeutic exercise (#97110), manual therapy techniques (#97140), and neuromuscular re-education (#97112).

Regarding her lower back complaints, the documentation suggests that she suffered a lumbar strain. The Official Disability Guidelines suggests up to 10 visits over 5 weeks for this type of injury. Due to the fact that the providers PT progress notes from 3/25/04 to 3/27/04 state that the patient subjectively reported decreased pain in the lower back area, any therapy beyond this would not be considered reasonable, medically necessary, or appropriate utilization of services. This would also include the procedures of therapeutic exercise (#97110), manual therapy techniques (#97140), and neuromuscular re-education (#97112).

Regarding the office visits (#99212) 4/1/04 and beyond, these are also not reasonable, medically necessary or appropriate due to the fact that the visits are in conjunction with therapy that is already considered not reasonable, medically necessary or appropriate.

**Conclusion/Decision to Not Certify:**

1. Dates of service 4/1/04 thru 6/11/04- Office visits (#99212), therapeutic exercised (#97110), manual therapy technique (#97140) and neuromuscular re-education (#97112). Denied with denial code V for medical necessity.

The above services are not medically necessary and appropriate utilization of services: Office visits (#99212), the procedures of therapeutic exercise (#99212), manual therapy techniques (#97140), and neuromuscular re-education (#97112) for dates of services 4/1/04 to 6/11/04.

**Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:**

Generally accepted guidelines; the medical records; diagnostic tests; the medical literature

**References Used in Support of Decision:**

- \* Official Disability Guidelines, 10th Edition, Treatment Protocols, Lower back-Lumbar and Thoracic (acute and chronic).
- \* ACOEM Guidelines, II. Presenting Complaints, Chapter 12, Low Back Complaints; Chapter 14, Ankle and Foot Complaints.

---

The physician providing this review is board certified in Physical Medicine & Rehabilitation. The reviewer holds additional certification in Pain Management. The reviewer is also a member of the Physiatric Association of Spine, Sports and Occupational Rehabilitation. The reviewer is active in research and publishing within their field of specialty. The reviewer currently directs a Rehabilitation clinic.

MRIoA 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.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIoA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIoA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIoA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIoA harmless for any and all claims, which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

1156849.1

cb