

Parker Healthcare Management Organization, Inc.

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Certificate # 5301

January 11, 2006

ATTN: Program Administrator

Texas Department of Insurance/Workers Compensation Division

7551 Metro Center Drive, Suite 100

Austin, TX 78744

Delivered by fax: 512.804.4868

Notice of Determination

MDR TRACKING NUMBER: M2-06-0408-01
RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 12.2.05.
- Faxed request for provider records made on 12.5.05.
- TDI-DWC issued an Order for Records on 12.20.05.
- The case was assigned to a reviewer on 1.3.06.
- The reviewer rendered a determination on 1.11.06.
- The Notice of Determination was sent on 1.11.06.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of a work hardening program, 5 times per week for 2 weeks, 8 hours per day, 10 sessions.

Determination

PHMO, Inc. has performed an independent review of the proposed care to determine if the adverse determination was appropriate. After review of all medical records received from both parties involved, the PHMO, Inc. physician reviewer has determined to **uphold the denial** on the requested service(s).

Summary of Clinical History

Patient is a 32-year-old male who, on ____, injured his upper back and neck while shoveling from under a conveyor. He was initially seen by a medical clinic, was prescribed medication and physical therapy (he attended 4 sessions), and the records indicated that he was responding. Then, on 4.20.05, he presented himself to a doctor of chiropractic for physical therapy, rehabilitation, and chiropractic care. After approximately 5 months of this conservative care, he also participated in 20 sessions of a work hardening program.

Clinical Rationale

Upon careful review of the medical records provided, the documentation was devoid of any regular examinations on this patient throughout the course of treatment to objectively monitor his progress. In fact, the only documentation provided to render an opinion on this matter were the 2

functional capacity evaluations, performed on 7.22.05 and then again on 9.6.05 (FCEs), and the designated doctor examination, performed on 9.30.05, that opined the patient was at MMI.

Although the FCEs documented that there were some limited improvements in some aspects of the patient's range of motion and strength testing in some areas, the records also revealed that other areas had actually worsened during the same time frame. Furthermore, since between the two FCEs, the patient only demonstrated a 4% over all improvement – even after a full 20 sessions of this intense form of therapy – the medical necessity for continuing work hardening for 10 more sessions following this equivocal and limited response is unsupported.

Moreover, current medical literature states, "...there is no strong evidence for the effectiveness of supervised training as compared to home exercises. There is also no strong evidence for the effectiveness of multidisciplinary rehabilitation as compared to usual care."¹ The literature further states "...that there appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities..."² And a systematic review of the literature for a multidisciplinary approach to chronic pain found only 2 controlled trials of approximately 100 patients with no difference found at 12-month and 24-month follow-up when multidisciplinary team approach was compared with traditional care.³ Based on those studies, it is likely that these limited gains obtained during this time period would have likely been achieved through performance of a home program anyway.

Therefore, since there was such a limited response to the first 20 sessions – and, since the designated doctor opined that the patient was already at MMI on 9.30.05 *without* any additional sessions – the prospective medical necessity for the additional sessions of work hardening is not supported.

Clinical Criteria, Utilization Guidelines or other material referenced

See footnote below for materials referenced.

The reviewer for this case is a doctor of chiropractic peer matched with the provider that rendered the care in dispute. 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 Texas Department of Insurance /Division of Workers' Compensation. In accordance with the act and the rules, the review is listed on the DWC'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.

¹ 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.

² Karjalainen K, Malmivaara A, van Tulder M, Roine R, Jauhiainen M, Hurri H, Koes B. Multidisciplinary biopsychosocial rehabilitation for neck and shoulder pain among working age adults. Cochrane Database Syst Rev. 2003;(2):CD002194.

³ Karjalainen K, et al. Multidisciplinary rehabilitation for fibromyalgia and musculoskeletal pain in working age adults. Cochrane Database of Systematic Reviews 2000;2.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and the treating and/or referring provider, the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO. 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.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.

If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision. The address for the Chief Clerk of Proceedings would be: P.O. Box 17787, Austin, Texas, 78744.

I hereby verify that a copy of this Findings and Decision was faxed to the Texas Department of Insurance /Division of Workers Compensation, the requestor (if different from the patient) and the respondent. I hereby verify that a copy of this Findings and Decision was mailed to the injured worker (the requestor) applicable to Commission Rule 102.5 this 11th day of January 2006.

Meredith Thomas
Administrator
Parker Healthcare Management Organization, Inc.

CC:

Advantage Healthcare
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