

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71

Phone: 512-288-3300

Austin, Texas 78735

FAX: 512-288-3356

## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-0568-01
Name of Patient:	
Name of URA/Payer:	Texas Association of School Boards
Name of Provider: (ER, Hospital, or Other Facility)	Aurora Health Care
Name of Physician: (Treating or Requesting)	Scott Moulton, DC

February 2, 2006

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: Aurora Health Care  
Scott Moulton, DC  
Division of Workers' Compensation

#### DOCUMENTS REVIEWED

Available documentation received and included for review consists of initial and subsequent reports and treatment records from Dr. Moulton (DC), Jennie Huynh (OTR) & Dr. Linden Dillon (MD), peer review opinions for per-auth (Drs Bhatt, (DC) and Tsourmas, MD).

#### CLINICAL HISTORY

Ms. \_\_\_\_\_, a 59-year-old female, injured her right knee and right toe when she miss-stepped while descending backwards from a school bus, slipping from the top to third step. She developed increasing pain in her right knee 4-5 days later

She presented to Dr. Scott Moulton, a chiropractor on 11/1/05. A diagnosis of foot sprain, knee sprain and internal derangement of the knee was offered. The patient was placed on a treatment regime consisting of passive modalities to the knee and foot three times a week for three weeks, with treatments notes available through 12/19/05. Aside from the flareup on 11/15/05, good improvement was noted with treatment program.

She presented to the emergency room on 11/15/05 following a flareup of her complaints. She was diagnosed with a knee sprain and was given a leg brace and prescribed naproxen.

She was referred on 11/16/05 to Dr. Linden Dillon, an orthopedist who saw her on 11/18/05. He requested a MRI arthrogram and recommended a daily PT program. The MR arthrogram did not document any clear-cut meniscus tear in the patient was returned to light duty per Dr. Dillin on 11/28/05.

An occupational therapy evaluation was performed by Jenny Huynh on 11/29/05 on referral from Dr. Dillon. She completed eight visits of occupational therapy between 11/30/05 and 12/16/05. The treatment consisted of a combination of active care with passive modalities.

The patient completed a further six visits of physical therapy with Dr. Moulton in conjunction with the occupational therapy services. A further 12 visits of passive modalities including interferential, ultrasound and vasopneumatic therapy requested. A suggested approval for three more visits was made.

The patient underwent a functional capacity evaluation on 12/1/05. This classified her as functioning in a sedentary physical demand level category, with range of motion and strength deficits noted, along with difficulties with bending, walking and standing. A further functional capacity evaluation was apparently performed on 12/10/05 (per page 2 of position statement from Dr. Moulton under reasonableness and necessity of treatment), although these results are not available for review,

On 12/23/05, a final note from Dr. Dillon indicated a pain level of 3-4/10, with some minor residual catching to the back of the knee, he believed that she should give this the "tincture of time".

#### REQUESTED SERVICE(S)

Physical therapy services: G0283 (interferential therapy), 97035 (ultrasound), 97016 (vasopneumatic therapy). Three times per week for four weeks, total of 12 sessions of physical therapy.

#### DECISION

All services denied.

#### RATIONALE/BASIS FOR DECISION

*The standard of medical necessity in Workers Comp, according to the Texas labor code 408.021 (entitlement to medical benefits) is that an employee who sustained a compensable injury is entitled to all healthcare reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to healthcare that: (1) cures or relieves the effects naturally resulting from the compensable injury; (2) promotes recovery; or (3) enhances the ability of the employee to return to or retain employment.*

The records demonstrate that the patient had improved with care and had already progressed to include components of an active treatment platform with the occupational therapist. Good improvement was noted by Dr. Dillon 12/23/05, who suggested just giving the patient time to recover. There is no clinical indication or rationale offered in

the notes to suggest that the patient should continue to be treated with just passive modalities.

Repeated use of acute care promotes chronicity, dependence, and over-utilization. Excessive use of modalities may even be deleterious to the patient and as mentioned current clinical guidelines recommend tapering with substitution of more active interventional measures. Consensus guidelines and conferences such as the Agency for Health Care Policy and Research Guidelines, the Mercy Center Conference, the British Standards Advisory Group Guidelines are specific in their distinction between active and passive care. The Quebec Task force found little scientific efficacy for the continued use of passive therapeutic modalities beyond the first three weeks of treatment. In the absence of substantiating clinical documentation there appears to have been an overemphasis on passive modalities beyond the necessary stages of healing.

### **References:**

Hansen DT: Topics in Clinical Chiropractic, 1994, volume one, No. 4, December 1994, pp. 1-8 with the article "Back to Basics: Determining how much care to give and reporting patient progress".

Souza T: Differential Diagnosis for a Chiropractor: Protocols and Algorithms, 1997; chapter 1, pp. 3-25.

Liebenson C. Commentary: Rehabilitation and chiropractic practice. JMPT 1996; 19(2):134-140

Haldeman S., Chapman-Smith D, Peterson DM., eds. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen: Gaithersburg, MD, 1993;

Québec Task Force on Spinal Disorders. Scientific approach to the assessment and management of activity-related spinal disorders: a monograph for clinicians. Spine. 1987;12:51-59.

The Work Loss Data Institute's *Official Disability Guidelines, third edition 2005*

The American College of Occupational and Environmental Medicines  
*Occupational Medicine Practice Guidelines,*

The American Physical Therapy Association *Guidelines for Programs for  
Injured Worker's,* 1995

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the provider and 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.

## 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.

Chief Clerk of Proceedings  
Division of Workers' Compensation  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 3<sup>rd</sup> day of February 2006.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: Marc Salvato