

March 8, 2006

VIA FACSIMILE

San Antonio ISD/Dean G. Papa & Associates

Attention: Renee C. Keeney

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-0660-01
DWC #:
Injured Employee:
Requestor:
Respondent: Travelers Property & Casualty
MAXIMUS Case #: TW06-0024

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. The TDI, Division of Workers Compensation (DWC) has assigned this case to MAXIMUS in accordance with Rule §133.308, which allows for a dispute resolution by an IRO.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. This case was also reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewers have met the requirements for the approved doctor list (ADL) of DWC or have been approved as an exception to the ADL requirement. A certification was signed that the reviewing chiropractic provider has no known conflicts of interest between that 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, was signed. In addition, the MAXIMUS chiropractic reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns an adult male who sustained a work related injury on _____. The patient reported that while working he was involved in a rear-end collision motor vehicle accident. He also indicated that he sustained injury to his neck, back and left knee. Diagnoses included cervical and lumbar pain syndromes. Evaluation and treatment have included physical therapy, surgery, x-rays, transcutaneous electrical nerve stimulation (TENS), electromyography (EMG), and chiropractic treatment.

Requested Services

Physical therapy 2X wk x 8 weeks (97110 3 units, 97112 1 unit).

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. None submitted

Documents Submitted by Respondent:

1. Request for Appeal – 12/20/05
2. Independent Medical Evaluation – 10/24/05
3. Denial Notifications – 12/9/05, 12/23/05, 2/7/05

Decision

The Carrier's denial of authorization for the requested services is partially overturned.

Standard of Review

This MAXIMUS determination is based upon generally accepted standard and medical literature regarding the condition and services/supplies in the appeal.

Rationale/Basis for Decision

The MAXIMUS chiropractor consultant indicated the patient underwent a fusion operation on the lumbar spine that will take at least 6 months to heal. The MAXIMUS chiropractor consultant explained that the patient already has already had 25 visits of postoperative physical therapy. The MAXIMUS chiropractor consultant noted that 34 sessions of physical therapy is the maximum recommended treatment under the Official Disability Guidelines for this type of injury and treatment (fusion). The MAXIMUS chiropractor consultant also explained he was making progress according an IME so there are grounds for continuation at least up to the guideline limitations. The MAXIMUS chiropractor consultant indicated beyond that point, the patient should be able to manage with a home-based exercise program. The MAXIMUS chiropractor consultant also indicated he should be trained in that program during the last 8 physical therapy visits to ensure a smooth transition. (Official Disability Guidelines, Lumbar Spinal Fusion)

Therefore, the MAXIMUS chiropractor consultant concluded that the requested physical therapy 2X wk x 4 weeks (97110 3 units, 97112 1 unit) is medically necessary for treatment of the patient's condition. The MAXIMUS chiropractor consultant concluded that further physical therapy (97110 3 units, 97112 1 unit) past 4 weeks is not medically necessary for treatment of the patient's condition.

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.

Sincerely,
MAXIMUS

Lisa Gebbie, MS, RN
State Appeals Department

cc: Division of Workers Compensation

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 8th day of March 2006.

Signature of IRO Employee: _____
External Appeals Department