CompPartners Final Report

CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: ___
Texas IRO #: ___
MDR #: M2-06-0720-01
Social Security #: ___
Treating Provider: Bryan Weddle, DC
Review: Chart
State: TX
Date Completed: 4/10/06

Review Data:

- **Notification of IRO Assignment dated 2/28/06, 1 page.**
- **Receipt of Request dated 2/28/06, 1 page.**
- **Medical Dispute Resolution Request/ Response dated 1/23/06, 1 page.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Texas Outpatient Appeal Non-Authorization Recommendation dated 1/16/06, 12/29/05, 8 pages.**
- **Fax Cover Sheet dated 3/1/06, 1 page.**
- **Consultation dated 8/23/05, 7/6/05, 7 pages.**
- **Lumbar Spine MRI dated 9/21/04, 1 page.**
- **Cervical Spine MRI dated 9/16/04, 1 page.**
- **Thoracic Spine MRI dated 9/16/04, 1 page.**
- **Electromyography Evaluation dated 10/29/04, 4 pages.**
- **Electromyography Nerve Conduction Study dated 11/29/04, 3 pages.**
- **Office Visit dated 1/10/06, 11/29/05, 11/1/05, 10/21/05, 10/18/05, 9/13/05, 7 pages.**
- **Operative Report dated 10/19/05, 4/26/05, 3/15/05, 1/4/05, 9 pages.**
- **Texas Workers' Compensation Work Status Report dated 10/18/05, 8/23/05, 2 pages.**
- **Right Shoulder MRI dated 9/8/05, 2 pages.**
- **Examination dated 12/30/05, 11/30/05, 10/31/05, 10/4/05, 9/19/05, 8/17/05, 12/16/04, 27 pages.**
- **Short Stay Summary dated 4/26/05, 3/15/05, 1/4/05, 6 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for therapeutic exercises (97110).

Determination: REVERSED - previously denied request for therapeutic exercises (97110).

Rationale:

Patient's age: 34 years
Gender: Male
Date of Injury: ___
Mechanism of Injury: Fell from a scaffold approximately 8 feet to the ground, injuring his lower back and right shoulder.
Diagnoses: Rotator cuff repair, right shoulder; lumbosacral and right shoulder sprain/strain.

The claimant initially presented to the office of Dr. Myers, D.C. An MRI of the lumbar spine, dated 9/21/04, revealed findings consistent with left posterolateral and foraminal protrusion at L4-5, in addition to L5-S1 spondylosis and facet disease. An MRI of the cervical spine, dated 9/16/04, revealed findings of a shallow disc bulge measuring 2 mm at C5-6, with no cord compression. An MRI of the thoracic spine, dated 9/16/04, revealed a central protrusion at T6-7. On 10/19/04, the claimant underwent a right shoulder MRI. This scan revealed moderate subscapular tendonitis, with one-third thickness intra-substance tear, mild supraspinatus tendonitis and tendinosis. An electromyogram (EMG) of the upper extremities, dated 10/29/04, revealed findings consistent with "a very mild carpal tunnel syndrome or median sensory neuropathies on the left and even less obvious very mild abnormality noted on the right. There is no evidence of radiculopathy or other findings." Electromyogram/nerve conduction velocity (EMG/NCV) studies of the lower extremities, dated 11/29/04, proved to be normal. With respect to the claimant's lower back complaints, the record revealed that, on 12/16/04, the claimant was referred by Dr. Myers to Dr. Schade, a pain management specialist, for an evaluation. The recommendation was for continued physical therapy. The claimant underwent two lumbar epidural steroid injections, on 1/4/05 and on 3/15/05. On 4/26/05, the claimant underwent a thoracic epidural steroid injection. On 7/6/05, the claimant was evaluated by Dr. Battle, a neurosurgeon, for his lower back complaints. At that time the claimant continued to complain of lower back pain, with pain into the left lower extremity, with a pain level of 6 out of 10 on the visual analogue scale (VAS). The claimant was diagnosed with lumbar radiculopathy, herniated nucleus pulposus (HNP) at L4-5, and lumbago. Dr. Battle indicated that it was his opinion the claimant was a surgical candidate and "would benefit from a lumbar laminectomy, discectomy, foraminotomy and partial facetectomy at L4-5." On 8/17/05, the claimant was re-evaluated by Dr. Schade. At that time, it was noted that there was no change in the claimant's condition and that he continued to complain of lower back, mid back and neck pain. The recommendation was for continued medication and a follow-up in one month. On 9/19/05, the claimant was once again evaluated by Dr. Schade. The plan was to "follow-up with Dr. Bauer for low back pain." A re-evaluation, dated 10/31/05, with Dr. Schade noted that the claimant continued to complain of low back, thoracic and cervical pain. The treatment plan was to continue with current medications and follow-up in one month. On 11/30/05, the claimant was again evaluated by Dr. Schade. The recommendation was to enroll the claimant in a pain management program after completion of the shoulder rehabilitation, and also to refer the claimant to TRC for job retraining. Finally, on 12/30/05, the claimant was again evaluated by Dr. Schade. The recommendation was to refer the claimant to Dr. Bradley for a pain management program. With respect to the claimant's shoulder complaints, shortly after the injury, the claimant underwent surgery with Dr. Elizando consisting of open acromioplasty with a distal clavicle excision. Apparently, this made the claimant's condition worse. On 3/11/05, the claimant changed treating doctors and came under the care of Dr. Weddle. The claimant then began a course of physical therapy. On 8/23/05, the claimant was

evaluated by Dr. Levy, an orthopedist, for evaluation of the claimant's right shoulder. At the time of the evaluation, the claimant complained of pain which was rated at a level of 6 out of 10 on the visual analogue scale (VAS). The claimant was diagnosed with previous acromioplasty/distal clavicle resection, right shoulder and probable partial thickness rotator cuff tear. The recommendation was for an MRI of the shoulder. An MRI of the right shoulder, dated 9/8/05, revealed status post acromioplasty and distal clavicular resection, bursal surface and partial tear of the anterior supraspinatus tendon with a small intrasubstance partial tear of the mid-supraspinatus tendon, in addition to tendonopathy of the supraspinatus. There were also findings suggestive of a superior labral tear and subacromial/subdeltoid bursitis. On 10/19/05, the claimant underwent right arthroscopic glenohumeral debridement, arthroscopic resection of intra-articular and extra-articular adhesions, revision, arthroscopic subacromial decompression and bursectomy, in addition to a rotator cuff repair. A follow-up evaluation was performed on 10/21/05, at which time the recommendation was for the claimant to begin phase I of an outpatient physical therapy/rehabilitation program. On 11/1/06, the claimant was re-evaluated by Dr. Levy. The recommendation was to begin Phase II of physical therapy. On 11/29/05, the claimant was re-evaluated by Dr. Levy, with the recommendation to continue postsurgical rehabilitation. On 1/10/06, the claimant was again evaluated by Dr. Levy. The recommendation was to begin phase III rehabilitation in 10 days. On 11/2/05, the claimant began postsurgical rehabilitation utilizing aquatic therapy. The claimant received 10 sessions from 11/2/05 through 11/30/05. On 12/1/05, a re-examination was performed by Dr. Weddle, and a recommendation for treatment at three times per week for four weeks was submitted. This was modified by a peer review determination to eight treatments. From 12/5/05 through 12/22/05, the claimant received a total of seven sessions of land-based therapeutic exercises. On 12/22/05, a re-examination was performed and a recommendation for treatment at three times per week for three weeks was submitted. On 12/28/05, a peer review was performed regarding a request for therapeutic exercises. The request was denied by the corresponding peer review determination. The rationale for that denial was that "there is no medical documentation submitted with this request." The denial for care was appealed. A peer review for an appeal of the previous denial was performed on 1/13/06 that upheld the previous denial of the additional physical therapy treatments. The requested treatment was determined to be "unsupported as medically reasonable and necessary," based upon the *ACOEM Guidelines, 2nd Edition*, Chapter 9, and the *Official Disability Guidelines*. The purpose of this Medical Dispute Resolution is to determine the medical necessity for nine additional physical therapy treatments that were previously non-certified. The medical necessity for the requested nine additional sessions was established. On 11/2/05, an examination was performed that revealed significant decrease in shoulder ranges of motion.

The claimant's pain level was noted to be 6 out of 10 on the visual analog scale (VAS). Following 10 sessions of aquatic therapy, a subsequent examination was performed on 12/1/05, which revealed an increase in shoulder flexion from 90 degrees to 150 degrees. Shoulder extension increased from 25 degrees to 45 degrees. Shoulder abduction increased from 90 degrees to 140 degrees. Shoulder adduction increased from 30 degrees to 40 degrees and external rotation increased from 40 degrees to 75 degrees. The claimant received seven additional sessions of land-based therapeutic exercises through 12/22/05. A re-examination was performed on 12/22/05, at which time right shoulder ranges of motion findings continued to improve. Flexion increased from 150 degrees to 165 degrees. Extension increased from 45 degrees to 50 degrees. Abduction increased from 140 degrees to 150 degrees. Internal rotation increased from 45 degrees to 65 degrees and external rotation increased from 75 degrees to 90 degrees. These improvements in ranges of motion were also mirrored by the examinations performed by Dr. Levy. This clearly demonstrated that the claimant responded favorably to the postsurgical rehabilitation program.

The claimant continued to have deficits in ranges of motion and strength testing that resulted in a recommendation for nine additional treatments to allow the claimant to participate in phase III of the postsurgical rehabilitation program. The previous denial, dated 12/28/05, referenced the *ACOEM Guidelines, 2nd Edition,* Chapter 9 as a rationale for denial of care. In fact, the *ACOEM Guidelines, 2nd Edition,* Chapter 9 do not specifically address postsurgical rehabilitation beyond setting out that "For postsurgical rehabilitation, key indicators for further assessment and treatment include: prolonged course, multiple surgical procedures, use of narcotic medications." This claimant has had a prolonged course of care that failed to bring about at resolution of his condition. In addition, the claimant had multiple surgical procedures. The initial surgery resulted in a worsening of the claimant's condition. These factors would suggest that postsurgical rehabilitation may require additional time for recovery. Despite the multiple surgeries and the prolonged treatment, the 17 treatments of postsurgical rehabilitation rendered to this claimant brought about significant improvement in the claimant's condition. Based upon all of the foregoing, the requested nine additional treatments can be considered appropriate and medically necessary. The nine additional treatments are also consistent with the *Official Disability Guidelines (ODG), 11th Edition, 2006.* On page 132, these guidelines allow 24 physical therapy visits over 14 weeks following rotator cuff surgery. Given the multiple surgical procedures and the prolonged treatment, the nine additional treatments would clearly be within the ODG guidelines. Therefore, medical necessity for the requested nine additional treatments to consist of active exercise rehabilitation for this claimant's right shoulder has been established.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.
The ACOEM Guidelines, 2nd Edition, Chapters 6 and 9.
The Official Disability Guidelines, 11th Edition, 2006.

Physician Reviewers Specialty: Chiropractic

Physician Reviewers Qualifications: Texas Licensed D.C. and is also currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist 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 the decision before the referral to CompPartners, Inc.

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.