

March 10, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-0874-01

CLIENT TRACKING NUMBER: M2-06-0874-01

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the proposed care 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 DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing 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.

Records Received:

Records from the State:

Notification of IRO assignment dated 03/02/06 3 pages

Denial letter from SRS dated 01/09/06 2 pages

Denial letter from SRS dated 01/26/06 2 pages

Records from Requestor:

Office note from Apple Rehabilitation dated 11/09/05 1 page

Range of Motion exam dated 11/09/05 1 page

Muscle testing exam dated 11/09/05 3 pages

Lift Task exam dated 11/09/05 4 pages

Exam summary dated 11/09/05 1 page

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Chart notes dated 11/16/05 2 pages
Preauthorization request dated 12/01/05 2 pages
Chart notes dated 12/02/05 2 pages
Consultation notes dated 12/13/05 4 pages
Office note dated 12/14/05 1 page
ROM exam dated 12/14/05 1 page
Muscle testing exam dated 12/14/05 3 pages
Lift task exam dated 12/14/05 4 pages
Exam summary dated 12/14/05 1 page
Chart notes dated 12/14/05, 12/16/05, 01/04/06, 02/21/06 3 pages
Referral for PT dated 12/29/05 1 page
Office note dated 01/11/06 1 page
ROM exam dated 01/11/06 1 page
Muscle testing exam dated 01/11/06 3 pages
Lift task exam dated 01/11/06 2 pages
Exam summary dated 01/11/06 1 page
Office note dated 12/22/05 1 page
Patient history undated 1 page
Records from Respondent:
Precertification request dated 01/02/06 3 pages
Duplicates 42 pages

Summary of Treatment/Case History:

The patient, a 40-year-old female who was under the treatment of a chiropractor for a back injury that occurred on ___ when she injured her mid and lower back while lifting and bending to pick up debris and blankets and cushions in the first class cabin on an aircraft. She had a previous work-related injury in 1999 and she was treated with an IDET procedure. The patient began treatments with the chiropractor three times per week for eight weeks. Progress notes revealed she was treated subsequently on the following dates:

November 14, 16 2005
December 2, 5, 9, 14, 16, 19 2005
January 4, 17 2006
February 21 2006

The patient underwent physical performance testing of the thoracolumbar region and lower extremities on 11/9/05, 12/14/05, and 1/11/06. A review of the data from the three tests revealed that the chiropractor's active rehabilitation treatments were of no benefit to the patient, as there were no substantive improvements in any of the measures of performance and the patient actually tested worse in many indicators of performance during her January 2006 test, i.e.; during the 11/9/05 NIOSH Floor lift she was able to lift 19 lbs, but she only lifted 10 lbs two months later in the same test. There were no changes in the NIOSH Arm Lift over the course of the patient's treatment. A review of the patient's lumbar ranges of motion revealed no evidence of substantive improvement with the chiropractor's treatments, which consisted of therapeutic exercises according to records reviewed.

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Questions for Review:

1. Is preauthorization request for physical therapy 2 times per week for four weeks (#97110, #97530) medically necessary?

Explanation of Findings:

1. Is preauthorization request for physical therapy 2 times per week for four weeks (#97110, #97530) medically necessary?

The preauthorization for physical therapy two times per week for four weeks (#97110 and #97530) is not clinically justified based on documentation provided for review in this case. A review of the chiropractor's records and the documentation submitted with this review revealed the patient had been under the care of the chiropractor for at least 8 weeks prior to 12/13/05 (which was the date the patient was evaluated by Alan Hurschman MD - Dr. Hurschman indicated the patient was initially treated by the chiropractor three times per week for 8 weeks). Subsequent records indicated that the patient was treated on at least 11 additional dates of service. Thus, the patient has been treated over 30 times by the chiropractor with some of the care being active-based in nature.

The records reviewed demonstrated no evidence that the chiropractor's treatments were beneficial to the patient in this case. A review of the physical performance evaluation data from 11/9/05, 12/13/05, and 01/11/06 revealed that the chiropractor's active rehabilitation treatments were of no benefit to the patient, as there were no substantive improvements in any of the measures of performance and the patient actually tested worse in many indicators of performance during her January 2006 test, i.e.; during the 11/9/05 NIOSH Floor lift she was able to lift 19 lbs, but she only lifted 10 lbs two months later in the same test. There were no changes in the NIOSH Arm Lift over the course of the patient's treatment. A review of the patient's lumbar ranges of motion revealed no evidence of substantive improvement with the chiropractor's treatments, which consisted of therapeutic exercises according to records reviewed.

The patient's treatments have exceeded the Official Disability Guidelines (ODG) for Physical Therapy Treatment of thoracolumbar disorders. The Official Disability Guidelines indicate that patients should receive no more than 10-16 visits over a course of 5-8 weeks. The patient in this case has received over thirty visits and the records demonstrated no evidence of clinical benefit from the care rendered.

Patients with acute complicated non-surgical lower back disorders generally only require 12 visits over the course of five weeks and chronic complicated non-surgical lower back disorders generally require no more than 14 visits over 8 weeks (Expert Clinical Benchmarks: "Low Back", King of Prussia, PA, MedRisk, Inc. 2003)

Conclusion/Decision to Not Certify:

The preauthorization for physical therapy two times per week for four weeks (#97110 and #97530) is not clinically justified based on documentation provided for review in this case.

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

Expert Clinical Benchmarks: "Low Back", King of Prussia, PA, MedRisk, Inc. 2003

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References Used in Support of Decision:

Official Disability Guidelines (ODG) for Physical Therapy Treatment of Back Disorders

This review was provided by a Doctor of Chiropractic who is also a member of the American Chiropractic Academy of Neurology. This reviewer also holds a certification in Acupuncture. This reviewer has fulfilled both academic and clinical appointments and currently serves as an assistant professor at a state college, is in private practice and is a director of chiropractic services. This reviewer has previously served as a director, dean, instructor, assistant professor, and teaching assistant at a state college and was responsible for course studies consisting of pediatric and geriatric diagnosis, palpation, adjusting, physical therapy, case management, and chiropractic principles. This reviewer is responsible for multiple postgraduate seminars on various topics relating to chiropractics and has authored numerous publications. This reviewer has participated in numerous related professional activities including work groups, committees, consulting, national healthcare advisory committees, seminars, National Chiropractic Coalition, media appearances, and industrial consulting. This reviewer has been in practice since 1986.

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 / Appeals Clerk

P. O. Box 17787

Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the DWC.

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 (continued)

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.

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Case Analyst: Raquel G ext 518

cc: requestor and respondent