

March 30, 2006

VIA FACSIMILE  
Neuromuscular Institute of Texas PA  
Attention: Jo Schweizer

VIA FACSIMILE  
City of San Antonio c/o Harris & Harris  
Attention: Robert Josey

### **NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M2-06-0876-01**  
**DWC #:**  
**Injured Employee:**  
**Requestor: Injury 1 Treatment Center/Arlene Henderson**  
**Respondent: American Home Assurance**  
**MAXIMUS Case #: TW06-0038**

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 moving supplies that weighed over 100 pounds at work his right and left shoulders, and cervical spine began to hurt. Diagnoses included shoulder pain/strain/bursitis, tendonitis, rotator cuff tear, cervical disc replacement, cervical radiculitis, and right thoracic syndrome. Evaluation and treatment have included physical therapy and medications.

## Requested Services

Preauthorization for P.T Therapy-97010-Hot/Cold Pack, 97032-TENS/E-Stim, and 97110-Therapeutic exercises.

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

### *Documents Submitted by Requestor:*

1. Physical Therapy Pre-authorization Request – 1/9/06, 1/30/06
2. Determination Notices – 1/11/06, 2/3/06
3. Injury 1 Treatment Center Records – 12/2/05-1/5/06

### *Documents Submitted by Respondent:*

1. Determination Notices – 12/13/05, 1/11/06
2. Hillcrest Hospital Records – 11/25/05-12/5/05
3. Diagnostic Studies (e.g., x-rays, MRI, etc.) – 12/19/05, 1/6/06
4. Injury 1 Treatment Center Records – 1/4/06, 2/2/06
5. Orthopedic Records – 2/17/06
6. Physical/Occupational Therapy Notes – 12/5/05-12/20/05

## Decision

The Carrier's denial of authorization for the requested services is 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 had an injury on \_\_\_ and was seen in the emergency room. The MAXIMUS chiropractor consultant explained he followed up at Hillcrest Baptist Medical Center on 12/5/05 and underwent 3 sessions of therapy (12/12/05, 12/14/05, and 12/16/05). The MAXIMUS chiropractor consultant noted he asked to change treating doctors and was discharged on 12/20/05. The MAXIMUS chiropractor consultant also noted he started with Injury 1 Treatment Center on 1/4/06 and a request was made for 18 sessions of physical therapy starting after 1/5/06. The MAXIMUS chiropractor consultant indicated that an evaluation on 1/5/06 was through and demonstrated a need for physical therapy services. The MAXIMUS chiropractor consultant explained that 6-8 weeks of physical therapy was medically indicated to allow enough time for the injury to heal. The MAXIMUS chiropractor consultant noted since the patient only had 3 sessions of physical therapy in December 2005 and based on multiple findings of the MRI report on 1/6/06, 18 additional visits is warranted. The MAXIMUS chiropractor consultant also noted the patient is in the phase one of treatment and the longer therapy is delayed, the worse the outcome. (S. Halderman, Mercy Guidelines, 1993. Hammer, Functional Soft Tissue Exam and Treatment by Manual Methods, 1991.)

Therefore, the MAXIMUS chiropractor consultant concluded that the requested preauthorization for P.T Therapy - 97010-Hot/Cold Pack, 97032-TENS/E-Stim, and 97110-Therapeutic exercises is medically necessary for treatment of the member'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 30<sup>th</sup> day of March 2006.

Signature of IRO Employee: \_\_\_\_\_  
External Appeals Department