



# PROFESSIONAL ASSOCIATES

## NOTICE OF INDEPENDENT REVIEW

**NAME OF PATIENT:** \_\_\_\_\_  
**IRO CASE NUMBER:** M2-06-1098-01  
**NAME OF REQUESTOR:** Patrick R. E. Davis, D.C.  
**NAME OF PROVIDER:** Patrick R. E. Davis, D.C.  
**REVIEWED BY:** Licensed by the Texas State Board of Chiropractic  
Examiners  
**IRO CERTIFICATION NO:** IRO 5288  
**DATE OF REPORT:** 04/27/06

Dear Dr. Davis:

Professional Associates has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5288). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal.

This case was reviewed by a physician reviewer who is Licensed in the area of Chiropractics and is currently listed on the DWC Approved Doctor List.

I am the Secretary and General Counsel of Professional Associates and I certify that the reviewing physician in this case has certified to our organization that there are no known

**M2-06-1098-01**

**Page Two**

conflicts of interest that exist between him the provider, 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 Independent Review Organization.

### **REVIEWER REPORT**

#### **Information Provided for Review:**

A letter written "To Whom It May Concern" from Patrick R. E. Davis, D.C. dated 02/08/05  
Chiropractic therapy with Dr. Davis and G. Kris Wilson, D.C. dated 04/11/05, 04/13/05, 04/15/05, 04/18/05, 04/22/05, 04/25/05, 04/27/05, 04/29/05, 05/02/05, 05/04/05, and 05/06/05  
An MRI of the cervical spine interpreted by Michael I. Ginsburg, M.D. on 05/06/05  
A prescription for an electrical muscle stimulator unit from Dr. Davis dated 05/06/05  
An EMG/NCV study interpreted by R. Frank Morrison, M.D. dated 05/09/05  
An MRI of the left shoulder interpreted by Dana A. Fuller, M.D. dated 05/27/05  
An evaluation with N. F. Tsourmas, M.D. dated 06/08/05  
Evaluations with Dr. Davis dated 06/29/05, 08/19/05, 09/12/05, 10/04/05, 10/26/05, 11/09/05, 12/01/05, 12/23/05, 01/16/06, 01/19/06, 02/07/06, 02/23/06, 03/01/06, and 03/23/06  
Evaluations with Charles E. Willis, II, M.D. dated 07/14/05, 07/21/05, 11/11/05, 01/20/06, and 02/24/06  
Evaluations with John Wey, M.D. dated 08/03/05, 08/24/05, and 09/26/05  
A Required Medical Evaluation (RME) with Otmar Albrand, M.D. dated 08/10/05  
Operative reports from Dr. Willis dated 01/11/06 and 02/08/06  
A request for physical therapy from Dr. Willis dated 01/20/06  
Requests for physical therapy from Dr. Davis dated 01/24/06 and 02/24/06  
A letter of approval for another injection from the TASB dated 01/27/06  
Letters of denial for therapy from the TASB dated 01/30/06, 03/02/06, and 03/09/06  
An appeal letter from Dr. Davis dated 02/02/06  
A letter of approval for physical therapy for the cervical region from TASB dated 02/08/06

#### **Clinical History Summarized:**

Chiropractic therapy was performed with Dr. Davis and Dr. Wilson from 04/11/05 through 05/06/05 for a total of 11 sessions. An MRI of the cervical spine interpreted by Dr. Ginsburg on

**M2-06-1098-01**

**Page Three**

05/06/05 revealed multilevel spondylosis, bulges, protrusions, and osteophytes with canal narrowing at C4 through C7. On 05/06/05, Dr. Davis prescribed an electrical muscle stimulator unit. An EMG/NCV study interpreted by Dr. Morrison on 05/09/05 revealed chronic and moderate to severe left C5 radiculopathy. An MRI of the left shoulder interpreted by Dr. Fuller on 05/27/05 revealed marked hypertrophic changes in the AC joint possibly suggestive of impingement syndrome and a possible large SLAP lesion or the superior labrum. On 07/21/05, Dr. Willis recommended a cervical epidural steroid injection (ESI), Ultracet, and advanced physical therapy. On 08/03/05, Dr. Wey performed a left shoulder subacromial injection and prescribed Lodine. Dr. Albrand recommended cervical surgery on 08/10/05. On 11/11/05, Dr. Willis again recommended a cervical ESI and a home exercise program. Cervical ESIs were performed by Dr. Willis on 01/11/06 and 02/08/06. On 01/19/06, Dr. Davis recommended post-injection therapy. On 01/30/06, TASB wrote a letter of denial for physical therapy. Dr. Davis wrote a letter of appeal for the therapy on 02/02/06. On 02/08/06, TASB wrote a letter of approval for four therapy sessions for the cervical region with dates of service of 02/07/06 to 02/22/06. On 02/24/06, Dr. Willis recommended a third cervical ESI. On 03/02/06 and 03/09/06, TASB wrote letters of denial for nine therapy sessions to the cervical region.

**Disputed Services:**

Nine sessions of physical therapy to the cervical area

**Decision:**

I disagree with the requestor. The nine sessions of physical therapy to the cervical area is neither reasonable nor necessary.

**Rationale/Basis for Decision:**

The patient has undergone a significant number of physical therapy visits previously, under the treatment of Dr. Davis. The *ODGPT Guidelines* recommend up to 10 sessions of physical therapy to teach a self-directed home program for which the patient should have previously undergone. The patient has already had sufficient supervised physical therapy to perform a home exercise program as advised by the *ACOEM* and *ODGPT Guidelines*. The patient should do just as well with a self directed home exercise program. This opinion was supported by the current medical literature. There was no strong evidence for the effectiveness of supervised training as compared to a home exercise program. As mentioned in *Spine 2003* in a February

**M2-06-1098-01**

**Page Four**

article, the *ACOEM Guidelines*, and recent articles support the use of a home exercise program and suggest that a home exercise program with one or two visits with a good physical therapist to evaluate, educate, and counsel the patient in a home exercise program. Other recent articles support the use of home exercise program as effective therapy such as *Daskapan 2005* and *Ashworth 2005*. *Ashworth* concluded that home based programs appear superior to center based programs in terms of adherence to exercises, especially in the long term. Therefore, the recommendation would be a denial for the requested nine physical therapy sessions to the cervical area with regard to this IRO request.

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with Professional Associates is deemed to be a Division decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

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. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk  
TDI-Division of Workers' Compensation  
P. O. Box 17787  
Austin, TX 78744

**M2-06-1098-01**

**Page Five**

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.

I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, DWC, and the patient via facsimile or U.S. Postal Service this day of 04/27/06 from the office of Professional Associates.

Sincerely,

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Amanda Grimes  
Secretary/General Counsel