

June 14, 2006

VIA FACSIMILE
City of El Paso/Ward North America
Attention: Roberta Cete

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-1159-01
DWC #:
Injured Employee:
Requestor:
Respondent: City of El Paso/Ward North America
MAXIMUS Case #: TW06-0068

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 physician who is board certified in physical medicine and rehabilitation on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the approved doctor list (ADL) of DWC or has been approved as an exception to the ADL requirement. A certification was signed that the reviewing 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 physician 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 had a work related injury on _____. The patient reported that while attending a patient in an ambulance, the ambulance had to brake suddenly pitching him forward into the inside wall of the ambulance. He explained that he hit his hand on a wall and later developed stiffness and pain in his back. Diagnoses included thoracic sprain, pain in thoracic spine, facet arthrosis, disc protrusion with annular tear, and spondylosis. Evaluation and treatment have included lumbar spine fusion, epidural steroid injections, physical therapy and medication.

Requested Services

Preauthorization for physical therapy 3XWK X 8 WKS.

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

Documents Submitted by Requestor:

1. Appeal Letter – 4/21/06
2. Letter of Medical Necessity from Helson Pacheco-Serrant, MD – 4/4/06
3. Letter from Masters Hand & Physical Therapy Centers – 4/21/06

Documents Submitted by Respondent:

1. Orthopedic Records and Correspondence – 7/1/04-10/4/05
2. El Paso Specialty Hospital – 12/3/04-11/1/05

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 physician consultant indicated the patient had a lumbar fusion in November 2005 following which he wore a lumbosacral arthrosis brace until 3/30/06 and was restricted from aggressive therapy until that time. The MAXIMUS physician consultant also noted the patient had been receiving physical therapy following surgery but was not allowed to proceed with any active range of motion or stretching exercises until the end of March 2006. The MAXIMUS physician consultant indicated after the brace was removed, he began active range of motion and stretching exercises for the back. The MAXIMUS physician consultant noted that a physical therapy letter dated 4/21/06 reported the member still had significant limitations in active range of motion of the lumbar spine, but his pain had decreased to a 2/10 level. The MAXIMUS physician consultant explained that the member would benefit from skilled physical therapy given his significant deficits of active range of motion and strength in the lumbar spine. The MAXIMUS physician consultant also indicated that skilled physical therapy is necessary to maximize optimal functional recovery. The MAXIMUS physician consultant noted that without skilled physical therapy intervention, the patient may not regain optimal function and strength and that without guidance of skilled physical therapy, he is at risk for reinjury. The MAXIMUS physician consultant also noted that that most patients show improvement in function following a rehabilitation program (skilled physical therapy) for low back pain. The MAXIMUS physician consultant explained that for treatment that starts 4-6 weeks post-surgery, there is strong evidence that intensive exercise programs are more effective on functional status and faster return to work as compared to mild exercise. (Archives of Physical Medicine and Rehabilitation, June 2006, Clinical Practice Guidelines #14, US Agency for Health Care Policy and Research, Ostelo RW, et al. Rehabilitation following first-time lumbar disc surgery: a systematic review within the framework of the cochrane collaboration. Spine. 2003 Feb 1;28(3):209-18.)

Therefore, the MAXIMUS physician consultant concluded that the requested preauthorization for physical therapy 3XWK X 8 WKS 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 14th day of June 2006.

Signature of IRO Employee: _____
External Appeals Department