

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	06/08/2006
Injured Employee:	
Address:	
MDR #:	M2-06-1188-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization request for 97110, 97113, 97530-2 units for each code, three times a week for four weeks and CPT 97012, three times a week for four weeks.

DECISION: **Upheld**

IRO MCMCllc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 06/08/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The requested physical therapy (PT) with the listed codes is not appropriate or medically necessary.

CLINICAL HISTORY:

This 35-year-old female was in a motor vehicle accident (MVA) on _____ when her Mazda Miata was rear-ended by an 18-wheeler. She was seen in the Emergency Room (ER), evaluated and discharged. The coffee mug she was holding at the time of the MVA chipped the right front second upper incisor.

Dr. Helsten (PMR) evaluated her on 12/14/2005 for complaints of “agonizing pains throughout her head, neck, back and left shoulder. She claimed to have pain radiating from her lower back to the left leg with warm sensations radiating down her left thigh to her left foot”. She claimed to

have pain at a 10/10 level, dizziness, anxiety, crying spells and panic attacks when she tries to drive.

She had a past medical history (PMH) of a work injury to her lower back 10-years earlier. This had allegedly become worse since the MVA. She had a history of migraines but had no episode during the five weeks prior to the MVA. The only findings on physical examination were diffuse tenderness along the entire spine and left shoulder with secondary limitation of motion. There are no specific objective clinical findings of an organic lesion documented in the office note. She was prescribed Soma and Lortab and 24 physical therapy (PT) sessions.

REFERENCE:

A comparison of physical therapy, chiropractic manipulation, and provision of an educational booklet for the treatment of patients with low back pain: Daniel, C.C., et al. The New England Journal of Medicine, (Oct 8, 1998) Vol 339, # 15: 1021-1029.

RATIONALE:

On 01/19/2006 she complained of pain at a 6-7/10 level and additional physical therapy (PT) was requested because of limitation of range of motion (ROM) of the left shoulder. The MRI study of the cervical spine on 01/23/2006 revealed bulging annulus at C3/4 and C4/5. There was a broad-based disc protrusion at C5/6 that mildly effaced the thecal sac, and a smaller protrusion at C6/7 that is described as "limited ventral sac effacement". There was facet joint hypertrophy at C4/5 and left unciniate hypertrophy at C3/4 level. The lumbar spine MRI study revealed a broad based disc protrusion that was larger at L4/5 with thecal sac compression, and smaller at L5/S1 with "limited" effacement of the thecal sac. There was bilateral facet joint hypertrophy at both levels.

On 01/25/2006 she was evaluated in the Emergency Room (ER) seven-weeks after the motor vehicle accident (MVA). She now reported a different history and stated that two vehicles were involved and her vehicle was rear ended with moderate damage. She claimed to have also fallen at home. There were no objective focal or localizing findings of an organic lesion. She was given Lortab, Naproxen and Flexeril. She was also cautioned about general precautions. The brain MRI study of 02/13/2006 was "unremarkable".

The patient refused electromyogram (EMG) because of neck pain and needle intolerance. On 02/27/2006 she complained of neck pain radiating to her left shoulder and arm. This was not a complaint noted on the first evaluation by Dr. Helsten. The nerve conduction velocity (NCV) study apparently revealed marked reduction in left median and ulnar sensory nerve conduction velocities at the wrist. The median Somatosensory Evoked Potential (SSEP) were normal. The bilateral NCV studies of the lower extremities and tibial SSEP were normal.

The MRI of the left shoulder dated 05/10/2006 only showed a focus of edema in the humeral head. There was mild subacromial and subdeltoid bursitis. The patient's complaints are not commensurate with the objective clinical findings, nor are they commensurate with the imaging and NCV studies. The office notes fail to document objective clinical findings commensurate with the listed diagnoses and requested treatment. Furthermore, the description of the MVA on

01/25/2006 is completely different from that noted in Dr. Helsten's first office note. It is also not clear why she went to the ER on 01/25/2006. The initial ER notes are not provided for review, however, based on the ER note of January 2006 the requested PT sessions are not warranted.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 04/26/06
- MR-117 dated 04/26/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 05/18/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 04/26/06
- Texas Mutual: Letter dated 05/16/06 from LaTreace Giles, R.N.
- Clearsky Imaging: MRI left shoulder dated 05/10/06, MRI brain dated 02/13/06, MRI lumbar spine dated 01/23/06, MRI cervical spine dated 01/23/06
- WOL+MED: Physician Records (handwritten) dated 04/21/06, 04/19/06, 03/20/06
- Neuro EMG, PA; Lower Extremity Nerve Conduction Study dated 04/10/06
- Neuro EMG, PA: Upper Extremity Nerve Conduction Study dated 02/27/06
- Texas Mutual: Letters dated 02/23/06, 02/14/06 from Cathleen Everett, L.V.N.
- Wol+Med: Request for Reconsideration for Physical Therapy dated 02/14/06 from Ed Wolski, M.D.
- Denton Regional Medical Center-Emergency Department: Physician Clinical Report dated 01/25/06 from Bradley Armstrong, P.A.
- Texas Mutual: Letters dated 01/25/06, 01/20/06 from Patti Thomason, L.V.N.
- Wol+Med: Preauthorization Request for Acute Rehab dated 01/19/06 from Robert Helsten, M.D.
- Computerized Spinal Range of Motion Exam and Task Lift Test dated 01/19/06
- Neurosurgical Associates of San Antonio: Letter of Medical Necessity dated 01/11/06 from Lloyd Youngblood, M.D.
- DWC: Physical Medicine Treatment Plan (handwritten) dated 01/09/06
- Patient Pain Drawing dated 01/09/06
- History & Physical – Worker's Compensation dated 12/14/05 from Robert Helsten, M.D. with attached handwritten notes
- Carf: Undated x-rays of the right shoulder, cervical and lumbar spines
- Wol+Med: Undated Rationale for Increased Reimbursement from Lindi Dixon

The reviewing provider is a **Licensed/Boarded Orthopedic Surgeon** and certifies that no known conflict of interest exists between the reviewing **Orthopedic Surgeon** 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 prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

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.

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Department of Insurance Division of Workers' Compensation
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

In accordance with commission rule 102.4(h), 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

8th day of June 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Beth Cucchi