

MCMC

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

| | |
|------------------------------|----------------------|
| Date: | 06/09/2006 |
| Injured Employee: | |
| Address: | |
| | |
| MDR #: | M2-06-1250-01 |
| DWC #: | |
| MCMC Certification #: | IRO 5294 |

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization request for physical therapy three times a week for four weeks (98940, 97012, 97032, 97035, 97110, 97112).

DECISION: Upheld

IRO MCMC llc (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 06/09/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The medical necessity for the requested course of physical therapy three times a week for four weeks is not established.

CLINICAL HISTORY:

Records indicate that the above captioned individual, a 33 year old female, who was allegedly injured during the course of her normal employment on _____. The history reveals that she slipped and fell onto her right knee and twisted her low back in the process. She initially was sent by her employer to a care facility where she received medication management and was released back to work. She was unable to continue to work and presented back to the care facility where x-rays were taken and she was advised to sit on a pillow. She also apparently received a short course of physical therapy of unknown length and a cortisone injection from this initial facility. She was reportedly still experiencing significant symptomatology and unable to continue to work and presented to the office of the attending physician (AP) on 02/06/2006 with a chief complaint of low back pain and right knee pain at the kneecap. A course of chiropractic

care ensued including rehabilitation. An MRI dated 02/24/2006 revealed disc herniations at L5/S1 and L4/5. An EMG dated 03/23/2006 revealed a S1 radiculopathy. As many as 12 visits were attended to represent an initial course of care. The injured individual was also referred for epidural steroid injections.

REFERENCES:

References utilized in this review include but are not limited to the ACEOM Guidelines, Official Disability Guidelines, Health Care Guidelines by Milliman and Robertson Volume 7, North American Spine Society Guidelines, Texas Medical Fee Guidelines, and Procedural Utilization Guidelines.

RATIONALE:

While it is revealed that the injured individual has significant complicating factors evidenced by advanced testing, there is no indication that the initial course of care, including chiropractic management and physical therapy, has produced positive results that would warrant an additional similar course of care. An initial assessment dated 02/06/2006 revealed normal reflexes, positive orthopedic testing, mild muscle guarding and spasms and decreased ranges of motion in the lumbar spine and right knee. During the next six weeks of care, through 03/23/2006, there were no apparent attempts to collect additional comparative objective information in the form of a re-examination or function capacity assessment. Furthermore, the injured individual's symptomatology apparently degraded during the initial course of care. Overall, reported pain levels improved mildly, however as of 03/01/2006, the injured individual was reporting leg pain to the calf, which had not been present initially. Without evidence of therapeutic gain and positive objective progress during the initial six to seven week course of care, especially with progressive neurologic signs/symptoms, there is no substantiation for the continuation of similar care. Standards of care and practice as referenced above do not provide for additional participation in the treatment provided if no appropriate response is noted and documented in the form of subjective and objective data. In this particular case, especially given the results of the advanced testing, without positive response to care, the medical necessity for additional, similar care is not established.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 05/10/06
- MR-117 dated 05/10/06
- DWC-60
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 05/11/06
- TPA for Indemnity Insurance: Letter dated 03/30/06 from Blanca Otero, R.N.
- TPA for Indemnity Insurance: Letter dated 03/21/06 from Rosanne Drechsel, R.N.
- All Star Chiropractic & Rehabilitation: Fax Cover Sheets dated 03/21/06, 03/15/06
- All Star Chiropractic and Rehabilitation: Medical Necessity for Outpatient Rehabilitative Services dated 03/15/06 from Jon Schweitzer, D.C.
- Prime Diagnostic Imaging: MRI lumbar spine, MRI right knee dated 02/24/06
- Jon Schweitzer, D.C.: Progress Reports dated 02/14/06 through 03/23/06

- All Star Chiropractic & Rehabilitation: Initial Consultation dated 02/06/06 from Jon Schweitzer, D.C.
- Reddick Physical Therapy: NCS/EMG report dated 06/23/03

The reviewing provider is a **Licensed/Boarded Chiropractor** and certifies that no known conflict of interest exists between the reviewing Chiropractor 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

9th day of JUNE 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Beth Cucchi