

MCMC

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

Date:	06/08/2006
Injured Employee:	
Address:	
MDR #:	M2-06-1377-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for physical therapy CPT code 97110 three times per 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:

Physical therapy CPT code 97110 three times per week for four weeks is not medically necessary.

CLINICAL HISTORY:

This is a male who injured his low back _____. He has low back pain with radiation to both legs. He has multiple disc herniation on MRI. He has been referred for active therapeutic exercises. Most disc herniations decrease in size with conservative treatment. The largest herniations have the greatest tendency to decrease in size. In this instance, the herniation has increased. Therefore appropriate referral is for a second opinion. The injured individual needs a thorough examination for neurological deficits and review of systems.

REFERENCE:

Maigne JY. Computed tomographic follow up study of forty-eight cases of nonoperatively treated lumbar intervertebral disc herniation. Spine. 17(9):1071, 1992.

RATIONALE:

Physical therapy is not medically appropriate at this time for this injured individual. This injured individual has a date of injury of _____. There is a limited physical examination provided. It does indicate that he has a positive straight leg raise with low back pain radiating to both legs. He has a large disc herniation at L4/5. Prior to further physical therapy he requires a thorough physical examination with a review of systems. The injured individual indicates he does not want surgery. He does need an examination to determine if he is safe to undergo therapy. His disc herniation has increased between subsequent MRIs.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 05/17/06
- MR-117 dated 05/17/06
- MR-100 dated 05/11/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 05/26/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 05/17/06
- Edinburg Physical Medicine & Rehabilitation: Letter dated 05/26/06 from Margo O., Supervisor
- Texas Property & Casualty Insurance Guaranty Association: Letter dated 05/12/06 from Cathy Hernandez, Cost Containment Lead
- Shorman & Associates: Letters dated 04/19/06, 03/29/06 from Harriett White, LVN
- Shorman Solutions: Preauthorization Advisor Review Form dated 04/18/06 from Charles Crane, M.D.
- Shorman Solutions: Preauthorization Advisor Review Forms dated 04/17/06, 03/27/06 from Harriett White, LVN
- Harriett White: Memos dated 04/17/06, 03/28/06
- Edinburg Physical Medicine & Rehabilitation: Appeal dated 04/12/06 from Monzer Yazji, M.D.
- Edinburg Physical Medicine & Rehabilitation: Fax Cover sheets dated 04/12/06, 03/24/06
- Monzer Yazji, M.D.: Office notes dated 04/06/06, 03/23/06, 03/04/06
- Edinburg Physical Medicine & Rehabilitation: Pre-Authorization Request dated 03/24/06
- Jackson Imaging Center: Radiology Report (MRI lumbar spine) dated 03/23/06
- Edinburg Physical Medicine & Rehabilitation: Progress Report dated 03/09/06 from Cecil Stehr, D.C.
- Monzer Yazji, M.D.: Referral form dated 03/04/06
- Jackson Imaging Center: MRI lumbar spine dated 12/14/01

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