



# PROFESSIONAL ASSOCIATES

## NOTICE OF INDEPENDENT REVIEW

**NAME OF PATIENT:** \_\_\_\_\_  
**IRO CASE NUMBER:** M2-06-1437-01  
**NAME OF REQUESTOR:** Koala Health & Wellness Center  
**NAME OF PROVIDER:** Ed Kieke, D.C.  
**REVIEWED BY:** Licensed by the Texas State Board of Chiropractic  
Examiners  
**IRO CERTIFICATION NO:** IRO 5288  
**DATE OF REPORT:** 07/05/06

Dear Koala Health & Wellness Center:

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 conflicts of interest that exist between him the provider, the injured employee, the injured

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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:**

Evaluations with Edwin Kieke, D.C. dated 01/20/06, 03/01/06, 05/03/06,  
Chiropractic therapy with Dr. Kieke dated 01/20/06, 01/25/06, 01/27/06, 01/30/06, 02/01/06, 02/03/06, 02/06/06, 02/09/06, 02/10/06, 02/13/06, 02/16/06, 02/20/06, 02/22/06, 02/24/06, 02/27/06, 03/03/06, 03/06/06, 03/08/06, 03/10/06, 03/13/06, 03/16/06, 03/17/06, 03/20/06, 03/22/06, 03/24/06, 03/27/06, 03/29/06, 03/31/06, 04/03/06, 04/05/06, 04/07/06, and 05/03/06  
A DWC-73 form filed by Dr. Kieke dated 02/18/06  
MRIs of the cervical spine and right shoulder interpreted by Edward C. Fritsch, Jr., D.C. dated 02/21/06  
MRIs and x-rays of the right shoulder and cervical spine interpreted by Dr. Fritsch dated 03/06/06  
Letters written "To Whom It May Concern" from Dr. Kieke dated 03/09/06 and 04/12/06  
A Functional Capacity Evaluation (FCE) with Joel A. Bloom, M.D. dated 03/15/06  
DWC-73 forms filed by Dr. Kieke dated 03/31/06 and 05/03/06  
Evaluations with Michael R. Mann, M.D. dated 04/10/06 and 04/12/06  
A preauthorization request from Dr. Kieke dated 04/13/06  
Letters of denial from Medinsights dated 04/20/06 and 04/28/06  
A peer review report from Davis J. Brown, D.C. dated 04/21/06  
A Required Medical Evaluation (RME) with Stephen D. Brown, M.D. dated 06/01/06  
Letters from Flahive, Ogden & Latson, Attorneys at Law, dated 06/09/06 and 06/22/06

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

Chiropractic therapy was performed with Dr. Kieke from 01/20/06 through 05/03/06 for a total of 32 sessions. MRIs of the cervical spine and right shoulder interpreted by Dr. Fritsch on 02/21/06 revealed a disc protrusion at C5-C6, a partial supraspinatus/rotator cuff tear, bursitis, effusion, and downsloping of the acromion. Repeat MRIs of the right shoulder and cervical spine interpreted by Dr. Fritsch on 03/06/06 now revealed no cervical disc protrusion or rotator

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cuff tear. On 03/09/06, Dr. Kieke recommended continued rehabilitation. An FCE with Dr. Bloom on 03/15/06 indicated the patient could need cervical rehabilitation. On 04/10/06, Dr. Mann recommended a Cortisone injection to the shoulder, continued therapy, a return to work in some capacity, Daypro, and a topical pain management compound cream. The right shoulder Cortisone injection was performed by Dr. Mann on 04/12/06. On 04/12/06, Dr. Kieke recommended further rehabilitation. On 04/20/06 and 04/28/06, Medinsights wrote letters of denial for further rehabilitation. On 04/21/06, Dr. Bowman did not agree with the recommendation for further rehabilitation. On 06/01/06, Dr. Brown did not recommend any further treatment other than a right shoulder injection and an FCE. On 06/09/06 and 06/22/06, Flahive, Ogden and Latson Attorneys at Law, wrote letters indicating a dispute for rehabilitation.

**Disputed Services:**

Physical therapy codes 97110, 97140, 97014, 97010, and 97112

**Decision:**

I disagree with the requestor. The physical therapy codes 97110, 97140, 97014, 97010, and 97112 would be neither reasonable nor necessary.

**Rationale/Basis for Decision:**

According to the medical records reviewed, the patient was injured on \_\_\_\_\_. She underwent conservative treatment to the cervical spine and right shoulder beginning on 01/20/06. MRIS of the cervical spine and right shoulder were performed that revealed a normal spine and subdeltoid bursitis and acromioclavicular (AC) joint inflammation. To this point, the patient has had over three months of therapy to the right shoulder and cervical spine. A reevaluation performed on 05/03/06 was compared to the initial examination performed on 01/20/06. The patient virtually still had all the same complaints in the right shoulder and cervical spine. According to the Official Disability Guidelines (ODG), 2005, conservative therapy for shoulder bursitis and impingement should last no more than eight weeks. In addition, according to the American Academy of Orthopedic Surgeons Clinical Guidelines on Shoulder Pain, 2001, for disorders of the AC joint after several weeks of conservative treatment has been performed and the symptoms perpetuate, then the patient should be referred for possible additional invasive treatment

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interventions. In short, using the previously stated guidelines, continued therapy (97110, 97140, 97014, 97010, and 97112) would not be medically necessary to treat this patient.

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

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.

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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 07/05/06 from the office of Professional Associates.

Sincerely,

Lisa Christian  
Secretary/General Counsel