

July 7, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-1570-01

CLIENT TRACKING NUMBER: M2-06-1570-01

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing 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.

Records Received:

Records Received from the State:

- Notification of IRO Assignment, 6/26/06 - 2 pages
- Medical Dispute Resolution Request/Response, 6/26/06 - 2 pages
- Table of Disputed Services, undated - 1 page
- Medical Dispute Resolution Request/Response, 6/26/06 - 2 pages
- Review Determination from UniMed Direct LLC, 5/4/06 - 1 page
- Review Determination from Tristar Managed Care, 5/19/06 - 2 pages

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- Review Determination from UniMed Direct LLC, 5/19/06 - 1 page
- Duplicate Records, various dates - 1 page

Records Received from the Respondent:

- Letter from Arkansas Claims Management to MRIOA, 6/28/06 - 1 page
- Independent Review Organization Summary, 6/26/06 - 2 pages
- Review Determination from UniMed Direct LLC, 5/19/06 - 1 page
- Request for Reconsideration, 5/12/06 - 5 pages
- Employers First Report of Injury or Illness, 2/15/06 - 1 page
- Initial Evaluation Narrative from Ray Strong, PA, 2/16/06 - 8 pages
- History and Physical from Dr. Gonzalez, 2/17/06 - 2 pages
- Initial Functional Capacity Evaluation from Ray Strong, PA, 2/20/06 - 11 pages
- Consultation from Ray Strong, PA, 2/21/06 - 1 page
- Texas Workers' Compensation Work Status Report, 2/16/06 - 1 page
- Office Visit from Ray Strong, PA, 3/1/06-3/13/06 - 21 pages
- Progressive Diagnostic Imaging Radiographic Biomechanical Report, 3/14/06 - 12 pages
- Progressive Diagnostic Imaging Exam: C-Spine, 3/15/06 - 1 page
- Progressive Diagnostic Imaging Exam: L-Spine, 3/15/06 - 1 page
- Progressive Diagnostic Imaging Exam: Right Wrist, 3/15/06 - 1 page
- Progressive Diagnostic Imaging Exam: Right Knee, 3/15/06 - 1 page
- Office Visit from Ray Strong, PA, 3/15/06-3/16/06 - 12 pages
- Reevaluation Narrative from Ray Strong, PA, 3/20/06 - 13 pages
- Texas Workers' Compensation Work Status Report, 3/20/06 - 1 page
- Office Visit from Ray Strong, PA, 3/27/06-4/3/06 - 32 pages
- Reevaluation Narrative from Ray Strong, PA, 4/17/06 - 12 pages
- Preauthorization request from Ray Strong, PA, 4/21/06 - 1 page
- Texas Workers' Compensation Work Status Report, 4/17/06 - 1 page
- Progress Notes from Dr. Gonzalez, 4/17/06 - 2 pages
- Texas Workers' Compensation Work Status Report, 4/17/06 - 1 page
- Consultation from Ray Strong, PA, 4/20/06 - 2 pages
- Texas Workers' Compensation Work Status Report, 4/20/06 - 1 page
- MRI Lumbar Spine, 4/21/06 - 2 pages
- MRI Cervical Spine, 4/21/06 - 1 page
- Texas Workers' Compensation Work Status Report, 5/1/06 - 1 page
- Duplicate Records, various dates - 42 pages

Records Received from the Requestor:

- Response to the IRO Assignment and Request for Medical Records from Ray Strong, PA, 6/29/06 - 7 pages
- Consultation from Ray Strong, PA, 5/1/06 - 3 pages
- Duplicate Records, various dates - 4 pages

Summary of Treatment/Case History:

The patient, a 56-year-old female, was sorting returns and she carried a large pack of diapers to put them on the bottom cart and the cart rolled and the claimant fell forward on her right knee and caught herself with her right hand on ____. She went to Ray Strong, DC for evaluation and treatment of her cervical region, lumbar region, right hip, bilateral hands, and right side of her head on 2/16/06 and she was diagnosed with cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, right and left wrist/hand sprain/strain, and right knee sprain/strain. A course of treatment consisting of ultrasound, electrical stimulation (#97032), and massage (#97124) was initiated at a frequency of 3 times per week for two weeks.

The patient underwent a functional capacity evaluation on 2/20/06 and she was returned to work with restrictions through 2/23/06.

The patient was re-examined on 3/20/06 and her diagnoses were unchanged. Additional physical therapy care was prescribed in the form of aquatic therapy (1 hour), massage (#97124), and electrical stimulation (#97032) three times per week for two more weeks. The patient was returned to work with restrictions through 4/22/06.

The patient was re-examined on 4/17/06 and she stated she exacerbated her condition on 4/4/06. She was diagnosed with possible cervical disc lesion, cervical sprain/strain, possible lumbar disc lesion, lumbar sprain/strain, thoracic sprain, and right and left knee sprains (resolved). Additional physical therapy care was prescribed in the form of aquatic therapy (1 hour), massage (#97124), and electrical stimulation (#97032) three times per week for two more weeks. The patient was taken off work through 5/1/06

A preauthorization request for the additional therapy was submitted on 4/21/06 and the request was subsequently denied (noted in preauthorization notification report dated 5/4/06).

The patient underwent cervical and lumbar MRI studies on 4/21/06 that revealed multilevel degenerative disc disease consistent with the patient's age.

The patient was taken off work by the chiropractor through 6/1/06 per the TWCC-73 Work Status Report dated 5/1/06.

Questions for Review:

Preauthorization denied: PT service for 3 times a week for 2 weeks consisting of #97124 (massage therapy) 3 units, #97032 (electrical stimulation), and #97113 (aquatic therapy) 4 units.

Explanation of Findings:

Preauthorization denied: PT service for 3 times a week for 2 weeks consisting of #97124 (massage therapy) 3 units, #97032 (electrical stimulation), and #97113 (aquatic therapy) 4 units.

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The request for PT service for 3 times per week for two weeks consisting of #97124 (massage therapy) 3 units, #97032 (electrical stimulation), and #97113 (aquatic therapy) is not clinically justified. The continuation of further passive care in this case (now five months post-injury) is not supported by current clinical practice guidelines, current evidence based guidelines and literature.

Haldeman et al indicates that it is beneficial to proceed to the rehabilitation phase of care as rapidly as possible to minimize dependence on passive forms of treatment/care and reaching the rehabilitation phase as rapidly as possible and minimizing dependence on passive treatment usually leads to the optimum result.

The Philadelphia Panel found that therapeutic exercises were found to be beneficial for chronic, subacute, and post-surgery low back pain. Continuation of normal activities was the only intervention with beneficial effects for acute low back pain. For several interventions and indications (eg, thermotherapy, therapeutic ultrasound, massage, electrical stimulation), there was a lack of evidence regarding efficacy.

The ACOEM Guidelines indicate that physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical nerve stimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in the treatment of lower back pain symptoms.

The Philadelphia Panel indicated that for neck pain, therapeutic exercises were the only intervention with clinically important benefit. There was good agreement with this recommendation from practitioners (93%). For several interventions and indications (eg, thermotherapy, therapeutic ultrasound, massage, electrical stimulation), there was a lack of evidence regarding efficacy.

The Royal College of General Practitioners indicates that, although commonly used for symptomatic relief, these passive modalities (ice, heat, short wave diathermy, massage, and ultrasound) do not appear to have any effect on clinical outcomes.

Swenson conducted a survey of several therapeutic modalities, including physical modalities, thermal modalities, electrical modalities, exercise therapy, behavioral therapy, education, and laser therapy. Of these, exercise, mobilization, and manipulation have the greatest support in the literature, whereas thermal treatments (including therapeutic ultrasound), and electrical therapies (including TENS) have little evidence of effectiveness and no evidence for more than a transient benefit.

Conclusion/Decision to Not Certify:

The request for PT service for 3 times per week for two weeks consisting of #97124 (massage therapy) 3 units, #97032 (electrical stimulation), and #97113 (aquatic therapy) is not clinically justified.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

Haldeman, S., Chapman-Smith, D., and Petersen, D., Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen, Gaithersburg, Maryland, 1993

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References Used in Support of Decision:

1. Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Low Back Pain. Phys Ther. 2001; 81:1641-1674
2. ACOEM Guidelines - Low Back Pain, 2003
3. Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Neck Pain. Phys Ther. 2001; 81:1701-1717
4. Royal College of General Practitioners, Clinical Guidelines for the management of Acute Low Back Pain, Review Date: December 2001
5. Swenson RS, "Therapeutic modalities in the management of nonspecific neck pain", Phys Med Rehabil Clin N Am. 2003 Aug; 14(3): 605-27

This review was provided by a Doctor of Chiropractic who is also a member of the American Chiropractic Academy of Neurology. This reviewer also holds a certification in Acupuncture. This reviewer has fulfilled both academic and clinical appointments and currently serves as an assistant professor at a state college, is in private practice and is a director of chiropractic services. This reviewer has previously served as a director, dean, instructor, assistant professor, and teaching assistant at a state college and was responsible for course studies consisting of pediatric and geriatric diagnosis, palpation, adjusting, physical therapy, case management, and chiropractic principles. This reviewer is responsible for multiple postgraduate seminars on various topics relating to chiropractics and has authored numerous publications. This reviewer has participated in numerous related professional activities including work groups, committees, consulting, national healthcare advisory committees, seminars, National Chiropractic Coalition, media appearances, and industrial consulting. This reviewer has been in practice since 1986.

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.

Chief Clerk of Proceedings/Appeals Clerk
P. O. Box 17787
Austin, TX 78744

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In accordance with Division 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 7 day of Jul/2006.

Jamie Cook

MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRloA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims which may arise as a result of this case review.

The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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Case Analyst: Jamie C ext 583

CC: requestor and respondent