CompPartners Final Report

CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: ___
Texas IRO # : ___
MDR #: M2-06-1581-01
Social Security #: XXX-XX-
Treating Provider: Bruce Adams, DC
Review: Chart
State: TX
Date Completed: 7/27/06

Review Data:

- **Notification of IRO Assignment dated 6/20/06, 1 page.**
- **Receipt of Request dated 6/20/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 6/8/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Notice of Utilization Review Findings dated 6/2/06, 5/30/06, 4 pages.**
- **Office Visit dated 6/2/06, 5 pages.**
- **Texas Worker's Compensation Work Status Report dated 6/2/05, 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for physical therapy two times a week for five weeks, to include diathermy (97024), mechanical traction (97012) and electrical stimulation (G-283).

Determination: UPHELD – the previously denied request for physical therapy two times a week for five weeks, to include diathermy (97024), mechanical traction (97012) and electrical stimulation (G-283).

Rationale:

Patient's age: 38 years
Gender: Male
Date of Injury: ___
Mechanism of Injury: Strained low back while shoveling dirt.

Diagnoses: Lumbar strain, displacement of lumbar IVD, without myelopathy; spondylolisthesis at L5-S1; vertebral subluxation.

The patient is now approximately six and one half months post injury status. A past peer reviewer indicated that an MRI of the lumbar spine was performed on 4/6/06, which was unremarkable for acute pathology, with the primary findings being a 2-3 mm spondylolisthesis of L5-S1, which is apparently degenerative in nature and unrelated to the compensable injury date. There was a report dated 6/2/06 for a consultation with orthopedic specialist Hugh W. Ratliff, MD, that

indicated the claimant had been treating with Bruce G. Adams, DC, with therapy and that his overall response to treatment was unchanged. He was not working because of his back. He was not receiving any medications. Subjectively, he reported daily low back pain, made worse by sitting or standing up. He rated his pain at 9/10. Examination revealed two old burn scars horizontally oriented, measuring 9 x 3 cm on either side of the lumbar area that he sustained at a younger age. He could heel and toe walk without difficulty. There were no palpable spasms noted and he walked with a normal gait. Straight leg raise seated was negative to 90 degrees and supine was to 40 degrees, bilaterally. Cross straight leg raise was negative to 90 degrees. There was normal sensation to light touch. Knee and ankle jerks were 2+ bilaterally. Range of motion of the lumbar spine was flexion to 60/60 degrees, extension 10/25 degrees, right lateral bending 40/25, and left lateral bending was 30/25 degrees. There was no atrophy noted in the lower extremities. The report indicated that the claimant received physical therapy 3 times a week for 4 months, and now chiropractic therapy, one time per week from Dr. Adams. Dr. Ratliff, did not find it reasonable or necessary to continue this physical therapy or chiropractic regimen. It was his opinion that the claimant needed to be on a home exercise program for his back and no prescription medications were indicated. If the MRI was normal, then no further treatment of any kind was indicated. The patient was determined capable of returning to work on light duty with modifications until a Functional Capacity Evaluation (FCE) could be performed. The current request is to determine the medical necessity for the previously denied physical therapy two times a week for five weeks, with diathermy 97024, mechanical traction 97012 and electrical stimulation G-283. The medical necessity for this request was not found. Reference was made to the Official Disability Guidelines for lumbar sprain/strain which indicates that only 10 sessions of physical therapy over 5 weeks is recommended, and this patient has had ongoing passive physical therapy with treatment, at a minimum of 3 times per week for four months, with ongoing chiropractic therapy, at one time per week and still reports 9/10 pain scales as recent as 6/2/06. Therefore, this patient has had an excessive amount of passive physical therapy and no further passive physical therapy such as diathermy, electrical stimulation or mechanical traction was found clinically or medically necessary. Additionally, the ACOEM Guidelines, Chapter 12, page 300, specifically indicates that "Traction has not been proved effective for lasting relief in treatment of low back pain". Also on page 300, "Physical modalities such as massage, diathermy, cutaneous laser treatments, ultrasound, TENS units, PENS units and biofeedback have no proven efficacy in treatment acute low back symptoms". Therefore, it is the opinion of this reviewer that this request for continued passive physical therapy modalities was not medically necessary or reasonable. This patient had normal orthopedic and neurological test findings, pre-existing spondylolisthesis at L5-S1 per MRI findings, and a consultation with an orthopedic specialist who found him not to require any further treatments with passive physical therapy and chiropractic care. Finally, reference was made to the Texas Department of Insurance and DWC rules and regulations. Texas Labor Code 408.021 and specific commission rule TWCC 134.1001 (C) (1) (A) states: The employee is specifically entitled to healthcare that: (1) Cures or relieves the effects naturally resulting from the compensable injury (2) Promotes recovery OR; (3) Enhances the ability of the injured worker to return to or retain employment. This patient simply has not had curative effects, long term relief effects, and certainly not symptom resolution with the excessive amount of passive physical therapy and chiropractic care to date, and therefore, it has not relieved his condition, it has not promoted recovery, and certainly not enhanced the ability of the patient to return or retain employment. Therefore, no further passive physical therapy treatments of diathermy, mechanical traction or electrical stimulation are found to be medically necessary.

Criteria/Guidelines utilized: Texas Department of Insurance and DWC rules and regulations. Texas Labor Code 408.021 and specific commission rule TWCC 134.1001 (C) (1) (A) states: The employee is specifically entitled to healthcare that: (1) Cures or relieves the effects naturally resulting from the compensable injury (2) Promotes recovery OR; (3) Enhances the ability of the injured worker to return to or retain employment.

Official Disability Guidelines for lumbar sprain/strain complaints indicates 10 sessions of Physical Therapy over 5 weeks.

ACOEM Guidelines, 2nd Edition, Chapter 12, page 300, "Traction has not been proved effective for lasting relief in treatment low back pain". Also on page 300 "Physical modalities such as massage, diathermy, cutaneous laser treatments, ultrasound, TENS units, PENS units and biofeedback have no proven efficacy in treatment acute low back symptoms".

Physician Reviewers Specialty: Chiropractor

Physician Reviewers Qualifications: Texas Licensed DC, BSRT, FIAMA Chiropractor and is also currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist 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 the decision before the referral to CompPartners, Inc.

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.

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, requestor, claimant and the Division via facsimile or U.S.
Postal Service from the office of the IRO on this
day of July 27, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee **Lee-Anne Strang**

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