

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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Austin, Texas 78735

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-1664-01
Name of Patient:	
Name of URA/Payer:	Texas Council Risk Management
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician:	Derrill James, DC
(Treating or Requesting)	

August 16, 2006

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

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Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Derrill James, DC
Division of Workers' Compensation

RE: ____

DOCUMENTS REVIEWED

1. Notification of IRO Assignment, Table of Disputed Services and copies of CMS 1500 forms
2. Initial request for physical therapy, carrier denial; subsequent request for reconsideration and carrier denial
3. Carrier's "Notice of Referral to Physician Advisor" and "Pre-Authorization Logs," multiple dates
4. Local fire department (first response) records, dated 9/7/05
5. Emergency room records, dated 9/7/05
6. Consultation notes from referral medical doctor, multiple dates
7. Osteopathic physician's reports, multiple dates
8. Treating doctor's initial examination and report, undated
9. Treating doctor "outpatient rehab" notes, prescriptions and examinations, multiple dates
10. Employer's First Report of Injury/Illness, dated 9/8/05
11. MRI of cervical spine, dated 9/18/50 <sic>
12. Electrodiagnostic testing (upper extremities) and report, dated 9/20/05
13. MRI of lumbar spine, dated 9/26/05
14. Various DWC-73s
15. Required medical examination and report, dated 6/14/06
16. Requests and denials for thoracic facet joint blocks, dated 5/31/06
17. Copies of DWC "Fast Facts" newsletters
18. MRI of thoracic spine, dated 5/3/06
19. Anesthesia records and operative reports from surgical center, dated 10/13/05, 11/10/05, 12/8/05, 1/18/06, 3/2/06, 3/30/06, and 4/20/06

CLINICAL HISTORY

Patient is a 36-year-old male who, on ____, was driving a company vehicle when he was rear-ended by an SUV, which subsequently

RE: ____

caused him to rear-end the vehicle in front of him, and then he was struck again. The airbags did not deploy. He injured his cervical, thoracic, and lumbar spine as well as his right shoulder and elbow. He was taken initially by ambulance to the emergency room where he was treated and released.

He eventually changed to a doctor of chiropractic who performed chiropractic care that included various multiple forms of physical therapy and rehabilitation. He then received injections to both his cervical and lumbar spines in the form of ESIs and transforaminal nerve root steroid injections, followed by post-injection physical therapy and rehabilitation. Then, the claimant underwent radio frequency denervations of the right facet joints at C3-6 performed on 4/20/06, and this request is for 6 visits of post-injection physical therapy.

REQUESTED SERVICE(S)

Preauthorization for 6 visits of chiropractic care to include manual therapy techniques (97140), neuromuscular reeducation (97112), electrical stimulation, attended (97032) and aquatic therapy (97113).

DECISION

Six visits of manual therapy techniques (97140), attended electrical stimulation (97032) and aquatic therapy (97113) are approved.

The neuromuscular reeducation (97112) is denied.

RATIONALE/BASIS FOR DECISION

In this case, the medical records adequately document that the claimant has just undergone his final cervical injection procedure, so it is medically necessary and supported by the treatment guidelines to perform a post-injection physical therapy protocol to maximize its therapeutic benefit and effect. And, so long as the injection itself was deemed medically necessary to perform, the post-injection therapy that accompanies it is likewise appropriate.

RE: _____

Furthermore, the *Guidelines for Chiropractic Quality Assurance and Practice Parameters*¹ supports a 2-4 week clinical trial for a new procedure, and – according to the records – this was the first time this type of injection procedure had been attempted. Therefore, regardless of how many previous sessions of post-injection physical therapy the claimant may have received up until this new procedure (24, according to the carrier denials), the treatment in its entirety – including the requested post-injection protocol – represents a new therapeutic trial.

However, in terms of the neuromuscular reeducation service (97112), there was nothing in either the diagnosis or the physical examination findings on this patient that demonstrated the type of neuropathology that would necessitate the application of this service. According to a Medicare Medical Policy Bulletin ², “This therapeutic procedure is provided to improve balance, coordination, kinesthetic sense, posture, motor skill, and proprioception. Neuromuscular reeducation may be reasonable and necessary for impairments which affect the body’s neuromuscular system (e.g., poor static or dynamic sitting/standing balance, loss of gross and fine motor coordination, hypo/hypertonicity). The documentation in the medical records must clearly identify the need for these treatments.” In this case, the documentation failed to fulfill these requirements, rendering the performance of this service medically unnecessary.

¹ Haldeman, S; Chapman-Smith, D; Petersen, D *Guidelines for Chiropractic Quality Assurance and Practice Parameters*, Aspen Publishers, Inc.

² HGSA Medicare Medical Policy Bulletin, Physical Therapy Rehabilitation Services, original policy effective date 04/01/1993 (Y-1B)

RE: _____

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the 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.

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
Division of Workers' Compensation
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with 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 17th day of August, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell