



## CompPartners Final Report



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

**Claimant Name:**

**Texas IRO # :**

**MDR #:** M2-06-1719-01

**Treating Provider:** Jason Eaves, DC.

**Review:** Chart

**State:** TX

**Date Completed:** 8/18/06

**Review Data:**

- Notification of IRO Assignment dated 7/18/06, 1 page.
- Receipt of Request dated 7/18/06, 1 page.
- Medical Dispute Resolution Request/Response dated 6/29/06, 2 pages.
- Table of Disputed Services (date unspecified), 1 page.
- List of Treating Providers (date unspecified), 1 page.
- Determination Letters dated 5/24/06, 4/8/05, 5 pages.
- Pre-Authorization Requests dated 5/19/06, 4/28/06, 2 pages.
- Medical Dispute dated 6/26/06, 2 pages.
- Reconsideration for Physical Therapy dated 5/18/06, 4/28/05, 5 pages.
- Subsequent Evaluations dated 6/1/06, 4/26/06, 4 pages.
- Initial Evaluations dated 4/11/05, 2/24/05, 1/30/05, 9/16/04, 13 pages.
- Physical Performance Evaluation dated 3/30/05, 10 pages.
- Diagnostic Results 4/14/05, 9/10/04, (Date Unspecified), 18 pages.
- SOAP Notes dated 6/13/06, 6/6/06, 5/23/06, 5/18/06, 5/11/06, 5/4/06, 4/26/06, 5/24/05, 5/17/05, 4/4/05, 4/1/05, 3/30/05, 3/28/05, 3/24/05, 3/23/05, 3/21/05, 3/18/05, 3/16/05, 3/11/05, 3/10/05, 3/9/05, 3/7/05, 3/4/05, 3/3/05, 3/1/05, 2/24/05, 12/28/04, 12/27/04, 12/23/04, 12/21/04, 12/20/04, 12/17/04, 12/14/04, 12/3/04, 12/1/04, 11/29/04, 11/24/04, 11/23/04, 11/22/04, 11/9/04, 11/8/04, 11/5/04, 11/3/04, 11/1/04, 1/10/05, 10/20/04, 10/22/04, 10/29/04, 10/25/04, 10/27/04, 10/4/04, 10/6/04, 9/29/04, 9/24/04, 9/22/04, 9/27/04, 9/16/04, 9/20/04, 10/14/04, 6/14/04, 10/8/04, 10/11/04, 10/12/04, 103 pages.
- MRI, Right Shoulder dated 5/14/05, 6 pages.
- Reports of Medical Evaluations dated 5/10/05, 7/27/05, 1/11/05, 11 pages.
- Impairment Rating dated 5/10/05, 6 pages.
- Peer Reviews dated 5/26/05, 4/5/05, 6 pages.
- Medical Record Reviews dated 1/12/05, 4 pages.
- Fax Cover Sheets dated 12/12/05, 5/3/05, 3/11/05, 2/10/05, 4 pages.
- Letters dated 12/12/05, 8/2/05, 3/29/05, 3 pages.
- Discharge Evaluation dated 12/28/04, 9/10/04, 5 pages.
- Referral Forms dated 12/7/04, 1/13/05, 2 pages.
- Designated Doctor Evaluation dated 8/1/05, 1/11/05, 10 pages.
- Discharge Summary Report dated 9/11/04, 2 pages.

- Weekly Notes dated 4/15/05, 4/14/05, 4/13/05, 4/12/05, 4/11/05, 4/29/05, 4/28/05, 4/27/05, 4/26/05, 4/25/05, 4/22/05, 4/21/05, 4/20/05, 4/19/05, 4/18/05, 5/6/05, 5/5/05, 5/4/05, 5/3/05, 5/2/05, 4 pages.
- Group Notes dated 4/13/05, 4/27/05, 4/20/05, 5/4/05, 4 pages.
- Letters of Medical Necessity dated 6/13/05, 4 pages.
- Work Status Reports dated 5/6/05, 1/10/05, 4/4/05, 3/28/05, 3/22/05, 1/11/04, 10/12/04, 11/2/04, 12/7/04, 9 pages.
- MRI, Cervical Spine dated 1/27/05, 7/23/04, 5 pages.
- Supplemental Report dated 3/22/05, 2 pages.
- Nutritional Status dated 9/10/04, 4 pages.
- Flow sheet dated 9/10/04, 3 pages.
- Final Reports dated 9/10/04, 3 pages.
- Evaluation Notes dated 9/10/04, 9/15/04, 10/19/04, 11/2/04, 4 pages.
- Patient History dated 3/21/05, 2 pages.
- Physician's Orders dated 9/10/04, 9/11/04, 5 pages.
- Inventory of Personal Effects dated 9/10/04, 2 pages.
- Trauma Flow Sheet dated 9/10/04, 1 page.
- Nurse Notes dated 9/10/04, 3 pages.
- Consent for Treatment dated 4/11/05, 1 page.
- Patient Information dated 9/10/04, 4 pages.
- Functional Capacity Evaluation dated 2/4/05, 14 pages.
- CT Scans dated 2/23/05, 3 pages.
- Independent Medical Evaluation dated 2/13/05, 8 pages.
- Closure Report dated 2/22/05, 2 pages.
- Follow-Up Note dated 2/2/05, 2 pages.
- Progress Notes dated 1/31/05, 12/23/04, 4 pages.
- Activity Report #1 dated 3/11/05, 3 pages.
- Evaluation dated 8/5/04, 2 pages.
- Physical Rehabilitation Charts dated 12/27/04, 12/23/04, 12/20/04, 12/20/04, 11/1/04, 10/29/04, 10/27/04, 10/25/04, 10/22/04, 10/20/04, 10/12/04, 10/11/04, 8 pages.
- Referral Request dated 1/27/05, 1 page.
- Initial Comprehensive Evaluation Note dated 1/12/05, 4 pages.
- Re-Evaluation dated 11/9/04, 10/14/04, 6 pages.
- Referral Initiation dated 1/13/05, 1 page.

**Reason for Assignment by TDI/DWC:** Determine the appropriateness of the previously denied request for 12 sessions of physical therapy (to include CPT codes 97110, 97140, G0238, 97035).

**Determination:** **UPHELD** - the previously denied request for 12 sessions of physical therapy (to include CPT codes 97110, 97140, G0238, 97035).

**Rationale:**

**Patient's age:** 49 years

**Gender:** Male

**Date of Injury:** \_\_\_\_

**Mechanism of Injury:** 1) 14-foot ladder fell on his head, neck and right shoulder.  
2) Motor vehicle accident, 7/23/04.

**Diagnoses:** Intervertebral disk (IVD) without myelopathy, radiculitis, right shoulder impingement, myalgia, muscular deconditioning, closed head injury, post right shoulder abrasion.

This patient is now approximately twenty-three months post injury status. He was initially seen at Baptist Health System Emergency Room (ER) for a direct blow to the head on \_\_\_\_, and then transferred to University Hospital. The ER notes from University Hospital indicated he was seen on \_\_\_\_\_. He reported blunt trauma to the head. He had a hematoma on the right parietal area. There was no laceration. A head CT scan was noted as negative. A cervical spine CT scan revealed degenerative changes throughout the cervical spine, with possible neuroforaminal narrowing, and a chest X-ray was negative. Initially, the patient had 33 physical therapy sessions from 9/16/04 to 12/27/04, with Southwest Physical Therapy and Rehabilitation, and was discharged by Peggy McKinley, PT. There were several inconsistencies to be noted within the provided documentation. Specifically, there were four different dates of injury noted of \_\_\_\_, 9/25/04, 4/10/04, and 5/2/05 from different providers, and two different mechanisms of injury were documented, including that he was injured when a 14-foot ladder fell on his head, neck and right shoulder, and a second mechanism was given on the MRI report on 7/23/04, that he was involved in a motor vehicle accident and had neck pain. The radiologist, James Remkus, MD, indicated this. There were also two different MRI findings on 1/27/05, with left side only foraminal narrowing, and one with moderate left and mild right formational narrowing on 7/23/04. The report from Dr. Eaves, DC, dated 6/26/06, titled Medical dispute for PT, indicated that the claimant's injury date was "5/2/05" and that the patient presented and had an "exacerbation to his right shoulder and neck due to an increased workload". Then in the same letter, on page two, he reported that the patient "suffered an exacerbation while performing his home exercise program." He reported the patient is currently working full duty and experiencing increased pain. This report also indicated that the patient completed a work hardening program from 4/12/05 through 5/6/05. This report indicated that he was determined to be a maximum medical improvement (MMI) status by Howard H. Hood, MD, an orthopedic designated doctor, on 7/27/05, with 5% DRE Category II. Dr. John Raimondo, DC found him to have an impairment rating whole person of 18%, and statutory MMI on 5/10/05. There was an initial report from Joe Flood, DC on 2/24/05, giving another injury date of "4/10/04" and he complained of exacerbation from his home exercises making him worse. There was a Functional Capacity Evaluation (FCE) performed on 2/4/05 by Robert Whitsell, MD, who found him to be capable of medium duty for a medium job description. There was an FCE performed on 3/30/05, which indicated the patient was a carpenter with a medium duty demand level, and could only perform light duty at that time. There was another report from a Dr. C P Garcia, MD dated 6/1/06, which indicates an injury date of "9/25/04" when a 14-foot ladder fell on his head, neck and right shoulder. He was taken to a clinic initially and had an examination and X-rays. This report indicated he was told he had a brain hemorrhage (although a CT of the head was negative) and was airlifted to the University Hospital emergency room where he was hospitalized for "right shoulder pain and the flu". Other documentation states 23-hour observation for closed head trauma. He was then treated with chiropractic, medications, work hardening, aquatic therapy and

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physical therapy. An MRI of the right shoulder on 5/14/05, indicated a partial tear of the infraspinatus tendon at the greater tuberosity, involving more than 75% of the tendon, a superior labral anterior/posterior (SLAP) tear with extension posteriorly was noted and associated suprascapular and spinoglenoid notch paralabral cysts, fat atrophy of the teres minor noted suggesting quadrilateral space syndrome and hypertrophic degenerative changes in the AC joint with inferiorly projecting glenoid. The MRI of the cervical spine on 1/27/05 demonstrated disc injures at C4-7 with 2-3 mm protrusion and narrowing of the left neural foramen at C4-5, C5-6 and C6-7. There was positive electrodiagnostic testing on 4/14/05, indicating radiculopathy at C6 and C7 on the left. (Not the right). There were physical therapy notes from San Antonio Spine and Rehabilitation, signed but was illegible. These physical therapy notes were dated 4/26/06, in which the patient stated that his right neck pain was constant and "has been getting slightly worse since the last time he was in the office for a treatment." His pain was 7/10 he was having pain in the left neck also with right shoulder pain, again "worse since the last visit" (no last visit date was indicated), he also had a headache. The next date was 5/4/06 still 7/10 pain. On 5/11/06, he had 7/10 pain. On 5/18/06, pain was still constant and 7/10. He was seen on 5/23/06, 6/6/06, and 6/13/06, and still had pain at 7/10 and not getting any better or worse, and objectively, he still had spasms and tenderness noted. No other examination findings were offered such as measurable or demonstrable ranges of motion, graded tenderness or graded spasms, graded weakness, graded reflexes or orthopedic or neurological testing deficits. Special note was made that this patient reported 6-7/10 pain in the daily treatment notes from this provider back to March 2005 without any changes. Nevertheless, the patient presented to Dr. Garcia, on 6/1/06 with reported neck and right shoulder pain, with objective tenderness and loss of range of motion in the right shoulder and neck. He had 4/5 strength in the right shoulder and decreased pinprick sensation in the right C6 dermatome, as well as +1 reflex in the right biceps reflex. He had positive cervical distraction test, maximum foraminal testing, shoulder depression test, Supraspinatus impingement test on the right shoulder, Apley's scratch test was positive. These were the same findings previously noted in his documentation back to his initial examination in 2005. Subsequently, 12 session of physical therapy was recommended and Soma medication was given. The medical necessity for these sessions was not found within the provided documentation. This claimant had the same or similar subjective and objective complaints throughout 2005 and up to June 2006, without measurable or demonstrable improvements with the already excessive amounts of both passive and active physical therapy provided him. There were no noted changes in reflexes, muscle strength, or orthopedic testing results and overall, he remained with waxing and waning between a 6-7/10-pain scale, despite active and passive physical therapy, work hardening programs, aquatic therapy programs, pain medications and home exercises. This treatment plan has not afforded him curative effects, has not promoted recovery, and has not changed his abilities to return to work without symptoms. Therefore, this determination is upheld to non-certify this request for 12 physical therapy sessions with the reference to Texas Department of Insurance and DWC rules and regulations and the Official Disability Guidelines. He has surpassed any recommended physical therapy amounts, as well as the ACOEM Guidelines, Chapter 6, page 115 which indicates that if a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed in order to identify incorrect or missed diagnoses. Further treatment should be appropriate for the diagnosed condition and should not be performed simply because of continued reports of pain. This patient should be able to perform home exercises by now and or be re-evaluated by an orthopedic specialist for other treatment options, as conservative management has not afforded this claimant any documented improvements.

**Criteria/Guidelines utilized:** TDI/DWC Rules and Regulations.

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ACOEM Guidelines, 2<sup>nd</sup> Edition, Chapters 6 and 8.  
Official Disability Guidelines, 11<sup>th</sup> Edition, 2006.

**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 August 18, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee *Lee-Anne Strang*

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