



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-1746-01
NAME OF REQUESTOR: Patrick R.E. Davis, D.C.
NAME OF PROVIDER: Patrick Davis, D.C.
REVIEWED BY: Licensed by the Texas State Board of Chiropractic
Examiners
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 09/05/06 (REVISED 09/07/06)

Dear Dr. Davis:

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 by the Texas State Board of Chiropractic Examiners 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

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conflicts of interest that exist between him the provider, 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 Independent Review Organization.

REVIEWER REPORT

Information Provided for Review:

A Functional Capacity Evaluation (FCE) with Dr. Patrick E. Davis (no credentials were listed) dated 04/05/06

Therapy with Dr. Davis dated 04/06/06, 04/07/06, 04/12/06, 04/14/06, 04/17/06, 04/19/06, 04/21/06, 04/24/06, 04/26/06, 04/28/06, 05/03/06, 05/10/06, 05/12/06, 05/15/06, 05/19/06, and 05/22/06

Letters "To Whom It May Concern" from Dr. Davis dated 05/02/06 and 05/31/06

MRIs of the cervical and lumbar spine and right ankle interpreted by Shannon Amonette, M.D. dated 05/24/06

A Notice of Disputed Issue(s) and Refusal to Pay Benefits form dated 06/06/06

A letter of preauthorization from Dr. Davis dated 06/06/06

A letter of agreement from Dr. David dated 06/07/06

A Notice of Intent to Issue an Adverse Determination letter from Forte dated 06/09/06

A letter of appeal from Dr. Davis dated 06/12/06

A letter of non-authorization from Forte dated 06/12/06

A Notice of Utilization Review Findings letter from Forte dated 06/15/06

Clinical History Summarized:

An FCE with Dr. Davis on 04/05/06 indicated the patient medically qualified for an off work status and he recommended physical therapy three times a week for six weeks. Physical therapy was performed with Dr. Davis from 04/06/06 through 05/22/06 for a total of 16 sessions. On 05/02/06, Dr. Davis recommended further physical therapy three times a week for five weeks. MRIs of the cervical spine, lumbar spine, and right ankle interpreted by Dr. Amonette on 05/24/06 revealed some narrowing of the neural foramen at C3-C4 and C5-C6 and annular disc bulging at L4-L5 and L5-S1. On 05/31/06, Dr. Davis recommended further physical therapy three times a week for four weeks. On 06/06/06, the patient's insurance adjuster wrote a letter disputing the treatment and/or disability of the patient's degenerative changes in the cervical,

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thoracic, and/or lumbar spines. On 06/06/06, Dr. Davis continued to recommend therapy three times a week for four weeks. Forte wrote letters of non-authorization of the therapy on 06/12/06 and 06/15/06. Dr. Davis wrote a letter of appeal for the therapy on 06/12/06.

Disputed Services:

Preauthorization request for outpatient physical therapy for three times a week for four weeks

Decision:

I disagree with the requestor. The request for outpatient physical therapy for three times a week for four weeks is not reasonable or necessary.

Rationale/Basis for Decision:

The patient has undergone sufficient outpatient physical therapy including an eight week program through Dr. Davis' office. The ACOEM Guidelines and ODG Guidelines support the use of an exercise program. The ACOEM Guidelines suggested a home exercise program with one or two visits with a good therapist to evaluate, educate, and counsel the patient. Several recent articles support the use of home exercise program as effective therapy, particularly *Daskacan, 2005, Ashworth, 2005*. *Ashworth* included a home based program, which appeared to be superior to center based programs in terms of adherence to exercise, especially in the long-term. Chapter 12 low back complaints, Page 299, physical therapeutic intervention indicates that spinal stretching, specific low back exercises, training for range of motion stretching at home applications, heat, cold, relaxation technique, aerobic exercise, one to two visits for education, counseling, and evaluation of home exercise for range of motion and strengthening.

I also concur with the Forte utilization review that mentioned that the ODG Guidelines, and DWC Guidelines also recommend transitioning to a home exercise program. Therefore, the request for outpatient physical therapy three times per week for four weeks would not be considered reasonable or necessary.

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.

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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.

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 09/05/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel