

September 19, 2006

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

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-06-1946-01
CLIENT TRACKING NUMBER: M2-06-1946-01/5278

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 from State:

Notification of IRO Assignment

Table of Disputed Services

Preauthorization report and notification 6/2/06, 6/20/06

2875 S. Decker Lake Drive Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125-0547

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Records from Stephen Earle, MD:

Office visit note, Dr. Earle 11/1/05

Work status report

Letter to Jason Eaves, DC from Dr. Earle 11/21/05

Letter to Argus Services Corporation from Dr. Earle 11/29/05

Records from requestor:

Electromyography report 5/11/01

Lumbar MRI report 10/18/01

Orthopedic report with additional electrodiagnostic testing results 11/9/01

Left knee MRI report 1/4/05

Lumbar MRI report 1/4/05

Notes from San Antonio Spine and Rehab 1/3/05–7/12/06

Preauthorization request from Jason Eaves, DC 6/2/06

Reconsideration letter from Dr. Eaves 6/19/06

Medical Dispute Resolution letter for physical therapy from treating doctor 8/4/06

Records from Harris & Harris:

Letter to MRIOA from Harris & Harris 9/13/06

Preauthorization report and notification 6/30/06

Peer review reports 5/26/05, 5/31/05, 5/16/06

Notes from San Antonio Spine and Rehab– physical and occupational therapy notes, daily exercise log, individual progress note, pain management group session monitoring form, process group session monitoring form 7/20/05–8/16/06

Evaluation, Dr. Eaves 3/16/06, 5/24/06

Evaluation, CP Garcia, MD 4/27/06, 5/18/06

Physical performance evaluation (PPE), Dr. Eaves 5/12/06, 6/24/06

Note from San Antonio Spine and Rehab 5/31/06

Summary of Treatment/Case History:

The patient is a 63-year-old female camp counselor for the local parks and recreation department. On ____, she was descending a ladder when she missed a step and fell, injuring her neck, lower back and left knee. An eventual MRI of the left knee revealed a tear in the meniscus that was subsequently repaired with surgery. She then underwent post-surgical rehabilitation and physical therapy for the left knee, along with continued physical therapy and rehabilitation for her neck and lower back, including extensive chiropractic care, physical therapy, rehabilitation, and even a chronic pain management program. The records indicate that in 2002, the patient was deemed

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clinical MMI with a 4% whole-person impairment (although an actual copy of this examination was not provided). The medical records indicate that claimant has not returned to work since the injury.

Questions for Review:

Items in dispute: Pre-Authorization denied for physical therapy CPT codes #97140, #97035, #97110 and #G0283. Medical necessity.

Explanation of Findings:

The *Guidelines for Chiropractic Quality Assurance and Practice Parameters* Chapter 8 under “Failure to Meet Treatment/Care Objectives” states, “After a maximum of two trial therapy series of manual procedures lasting up to two weeks each (four weeks total) without significant documented improvement, manual procedures may no longer be appropriate and alternative care should be considered.”

But, upon review of the treating doctor’s daily notes over the past 18 months—*performing the same procedures requested now*—he indicates repeatedly that the patient’s neck, lower back and left knee have “...been getting no better and no worse since her last treatment.” Furthermore, under the subjective section of his notes, the treating doctor repeatedly recorded the claimant’s pain levels at an “8/10.” Therefore, since it is documented that the requested treatment rendered no significant, objective benefit over an 18-month period, the treatment fails to fulfill the statutory requirements for medical necessity, specifically that the patient obtained no relief, promotion of recovery was not accomplished, and there was no enhancement of the employee’s ability to return to her employment.

As a result, it is unreasonable and unsupported as medically necessary to assume that the outcome of “more of the same” will yield any different result.

Conclusion/Decision to Not Certify:

Items in dispute: Pre-Authorization denied for physical therapy CPT codes #97140, #97035, #97110 and #G0283. Medical necessity.

It is unreasonable and unsupported as medically necessary to assume that the outcome of “more of the same” will yield any different result.

References Used in Support of Decision:

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

This review was provided by a chiropractor who is licensed in Texas, certified by the National Board of Chiropractic Examiners, is a member of the American Chiropractic Association and has several years of licensing board experience. This reviewer has given numerous presentations with their field of specialty. This reviewer has been in continuous active practice for over twenty years.

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.

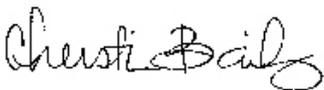
If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the 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

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

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 19 day of Sep/2006.



Cherstin Bailey

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, and 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 MRIOA 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 MRIOA 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 MRIOA 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 MRIOA 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: Cherstin B ext 593

CC: Requestor
Respondent