

March 30, 2006

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

CLAIMANT: \_\_\_

EMPLOYEE: \_\_\_

POLICY: M2-06-0952-01

CLIENT TRACKING NUMBER: M2-06-0952-01-5278

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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 Received from the State:

- 1 Page notification of IRO Assignment dated 3/21/06 from Texas Department of Insurance, Division of Workers' Compensation.
- 1 page letter dated 2/28/06 from Texas Department of Insurance, Division of Workers' Compensation addressed to Medical Review Inst. of America.
- 4 pages Medical Dispute Resolution Request/Response Form dated 3/10/05.
- 1 page Pre-Authorization Request DWC Advisory 96-11 dated 2/1/06 from San Antonio Spine & Rehab.
- 3 pages letter dated 1/20/06 from Intracorp addressed to Jason Eaves.
- 2 pages letter dated 2/7/06 from Intracorp addressed to ESIS, Inc.

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Records Received from the Requestor:

- 3 pages EMG Report dated 9/9/03 from H.N. Kumara, M.D.
- 15 pages chart notes for dates 9/15/03 to 9/30/04, total of 12 visits with Woodward L. Coleman, M.D.
- 2 pages Operative Report dated 5/25/04 from Symbion Health Care Northeast Baptist Surgery Center and unsigned by Woodward L. Coleman, M.D.
- 2 pages Initial Evaluation dated 9/22/05 from San Antonio Spine and Rehab, signed by Jason Eaves, D.C.
- 10 pages chart notes for dates 9/22/05 to 11/16/05 from San Antonio Spine and Rehab, total of 10 visits.
- 2 pages Electrodiagnostic Examination dated 11/16/05, signed by Omar Vidal, M.D.
- 1 page Upper Extremity Examination dated 11/29/05 from Alamo Orthopedics and Arthroscopic Surgery Associates.
- 2 pages chart notes dates 12/1/05 from San Antonio Spine and Rehab for dates 12/1/05 and 1/5/06.
- 3 pages Subsequent Evaluation dated 1/5/06 from San Antonio Spine and Rehab, signed by J. L. Eaves, D.C.
- 12 pages Physical Performance Evaluation dated 1/26/05 from San Antonio Spine and Rehab, signed by J. L. Eaves, D.C.
- 2 pages chart notes dated 2/8/06 and 2/16/06 from San Antonio Spine and Rehab.
- 2 pages Medical Dispute Resolution for Physical Therapy dated 2/20/06 from San Antonio Spine & Rehab, signed by Jason Eaves, D.C.
- 2 pages chart notes for dates 3/2/06 and 3/22/06 from San Antonio Spine and Rehab.

Records Received from the Insurance Company (Respondent):

- 3 pages Workers' Compensation Physician Advisor Review dated 11/7/05, signed by Farrukh Hamid, M.D.
- 2 pages Workers' Compensation Nurse's Chronological List of Submitted Records dated 11/14/05, from Intracorp.
- 1 page Texas Workers' Compensation Work Status Report dated 3/14/06 signed by Jason Eaves, D.C.
- 1 page DWC-69-Report of Medical Evaluation dated 5/13/04.
- 2 pages Report of Medical Evaluation dated 5/13/04 from Churchill Evaluation Centers, signed by Roby Mize, M.D.
- 2 page DWC-69-Report of Medical Evaluation dated 9/2/04, signed by Mark Mason, M.D.
- 6 pages Independent Medical Examination/Impairment Rating dated 9/2/04, signed by Mark Mason, M.D.
- 1 page Billing Explanation.
- 2 pages Initial Evaluation dated 9/22/05 from San Antonio Spine and Rehab, signed by Jason Eaves, D.C.
- 1 page Texas Workers' Compensation Work Status Report dated 10/28/05 and signed by Jason Eaves, D.C.
- 1 page Texas Workers' Compensation Work Status Report dated 11/18/05 and signed by Jason Eaves, D.C.

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- 1 page Texas Workers' Compensation Work Status Report dated 11/25/05 from Patrick H. Wilson, M.D.
- 1 page Upper Extremity Evaluation dated 11/29/05 from Alamo Orthopaedics and Arthroscopic Surgery Associates, signed by Patrick R. Wilson, M.D.
- 3 pages Subsequent Evaluation dated 1/5/06 from San Antonio Spine and Rehab, signed by J. L. Eaves, D.C.
- 3 pages Subsequent Evaluation dated 2/28/06 from San Antonio Spine and Rehab, signed by J. L. Eaves, D.C.
- 1 page letter dated 8/14/03 from Hand and Microsurgery Associates addressed to Mr. Doug Schroeder and unsigned by Roger D. Miller, Administrator.
- 3 pages EMG Report dated 9/9/03 from H. N. Kumara, M.D.
- 2 pages Office Visit dated 9/15/03, unsigned by Woodward L. Coleman, M.D.
- 1 page Referral Form dated 9/15/03 to Healthsouth Hand Therapy and Rehabilitation Center.
- 4 pages Initial Evaluation dated 9/17/03 from Hand Rehabilitation Associates of San Antonio.
- 1 page Texas Workers' Compensation Work Status Report dated 9/17/03 signed by Woodward Coleman, M.D.
- 4 pages Daily Treatment Reports for dates 9/18/03 to 9/29/03, total of 4 visits with Hand Rehabilitation Associates of San Antonio, Inc.
- 2 pages Office Visit dated 10/20/03, unsigned by Woodward L. Coleman, M.D.
- 1 page Texas Workers' Compensation Work Status Report dated 10/21/03 and signed by Woodward Coleman, M.D.
- 3 pages Daily Treatment Reports for dates 10/23/03 to 10/30/03 from Hand Rehabilitation Associates of San Antonio, Inc.
- 1 page Texas Workers' Compensation Work Status Report dated 11/24/03 and signed by Woodward Coleman, M.D.
- 1 page Superbill dated 10/20/03 from Woodward L. Coleman, M.D.
- 5 pages Daily Treatment Reports for dates 11/3/03 to 11/17/03 from Hand Rehabilitation Associates of San Antonio, Inc.
- 1 page Referral Form dated 11/24/03 from Healthsouth.
- 6 pages Office Visits for dates 11/24/03 to 5/14/04 from Woodward L. Coleman, M.D.
- 1 page Texas Workers' Compensation Work Status Report dated 12/8/03 signed by Dany Bartel, M.D.
- 1 page Texas Workers' Compensation Work Status Report dated 3/9/04 and signed by Woodward Coleman, M.D.
- 2 pages Progress Notes for date 3/31/04 from Rio Grand Pain Team, unsigned by Dennis Slavin, M.D.
- 2 pages DWC-32-Request For Designated Doctor dated 4/1/04, signed by Gina Ortega.
- 3 pages Review of Medical History & Physical Exam dated 5/13/04, unsigned by Roby Mize, M.D.
- 1 page DWC-69-Report of Medical Evaluation dated 5/13/04 and signed by Roby Mize, M.D.
- 2 pages Report of Medical Evaluation dated 5/13/04 from Churchill Evaluation addressed to Texas Workers' Compensation Commission and signed by Roby Mize, M.D.
- 1 page Texas Workers' Compensation Work Status Report dated 8/5/04 and signed by Woodward Coleman, M.D.
- 1 page Fax-History Report dated 8/5/04.

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- 2 pages Progress Notes dated 8/3/04 from Rio Grande Pain Team and signed by Dennis Slavin, M.D.
- 1 page Pre-Authorization request for injection dated 8/11/04 from Rio Grande Pain Team and signed by Dennis Slavin, M.D.
- 5 pages Independent Medical Examination/Impairment Rating dated 9/2/04 and signed by Mark Mason, M.D.
- 1 page DWC-69-Report of Medical Evaluation dated 9/2/04 and signed by Mark Mason, M.D.
- 1 page DWC 69 Narrative Report dated 9/2/04 and signed by Mark Mason, M.D.
- 3 pages Intra-Procedure Nursing Record dated 1/13/04 from Northeast Baptist Surgery Center.
- 2 pages letter dated 12/2/03 from Intracorp addressed to ESIS, Inc.
- 2 pages letter dated 1/5/04 from Intracorp addressed to ESIS, Inc.
- 2 pages letter dated 5/21/04 from Intracorp addressed to ESIS, Inc.
- 2 pages letter dated 10/26/05 from Intracorp addressed to ESIS, Inc.
- 3 pages letter dated 1/20/06 from Intracorp addressed to ESIS, Inc.
- 2 pages letter dated 2/7/06 from Intracorp addressed to ESIS, Inc.
- 3 pages Initial Evaluation dated 12/1/03 from Healthsouth.
- 1 page Referral Form dated 12/29/03 from Healthsouth.
- 3 pages Re-Evaluation dated 1/19/04 from Healthsouth, signed by Cynthia D. Alexander OT.
- 2 pages Plan of Care dated 1/19/04 from Healthsouth, signed by Cynthia D. Alexander, OT.
- 2 pages Plan of Care dated 2/17/04 from Healthsouth, signed by Donald P. Hawkins, OT.
- 4 pages Re-Evaluation dated 2/17/04 from Healthsouth, signed by Donald P. Hawkins, OT.
- 2 pages Progress Note dated 3/11/04 from Healthsouth, signed by Donald P. Hawkins, OT.
- 4 pages Re-Evaluation dated 4/19/04 from Healthsouth, signed by Cynthia D. Alexander, OT.
- 3 pages Plan of Care dated 4/19/04 from Healthsouth, signed by Cynthia D. Alexander, OT.
- Progress Note dated 5/14/04 from Healthsouth, signed by Cynthia D. Alexander, OT.
- Plan of Care dated 4/14/04 from Healthsouth, signed by Cynthia D. Alexander, OT.
- 4 pages Re-Evaluation dated 5/14/04 from Healthsouth, signed by Cynthia D. Alexander, OT.
- 3 pages Plan of Care dated 6/1/04 from Healthsouth, signed by Cynthia D. Alexander, OT.
- 3 pages Re-Evaluation dated 6/25/04 from Healthsouth, signed by Cynthia D. Alexander, OT.
- 92 pages Daily Notes for dates 12/4/03 to 6/3/04, total of 38 visits.

#### **Summary of Treatment/Case History:**

The records indicate the patient alleges an industrial injury on \_\_\_ while employed by \_\_\_\_\_. The records further indicate the patient has been seen by a multitude of providers and received a multitude of services including EMG, injections, physiotherapy, occupational therapy, strengthening exercises, etc. On 5/24/04 the patient received surgery and received further physical therapy afterwards. The records indicate at least 38 physical therapy/rehabilitation visits from Healthsouth.

It appears the patient first saw Jason Eaves, D.C. on 9/22/05 with continuing complaint of constant pain in her right wrist. The doctor's report dated 9/22/05 indicates restricted range of motion of the right wrist, but there are no objective measurements indicated or any indication of how the decrease in motion was determined. There is also an indication the doctor feels that a MRI of both wrists is necessary as well as electrodiagnostic studies. It was the intention of Dr. Eaves to provide active and

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passive therapy for 12 sessions. Dr. Eaves diagnosed wrist sprain/strain, grade 2; medial nerve entrapment; neuralgia; myalgia/myositis; muscular deconditioning, and reflex sympathetic dystrophy. The Visit Record of 9/22/05 indicates the doctor provided muscle stimulation, ultrasound, massage and joint mobilization. The patient was scheduled to come in daily for 2 weeks and then be reevaluated. The last date of service provided (3/22/06) indicates the patient is still in therapy, still has complaints in the same area and there is an indication the patient is complaining of pain in both wrists now.

There is no evidence the patient has been released from active care.

#### **Questions for Review:**

ITEM(S) IN DISPUTE: Preauthorization denied for 12 session of physical therapy 3x a week for 4 weeks, 60 min therapeutic exercise 97110; joint mobilization 97140; myofascial release 97140; inferential 97032; ultrasound 97035

#### **Explanation of Findings:**

Question 1: ITEM(S) IN DISPUTE: Preauthorization denied for 12 session of physical therapy 3x a week for 4 weeks, 60 min therapeutic exercise #97110; joint mobilization #97140; myofascial release #97140; interferential #97032; ultrasound #97035.

Medical necessity is not shown for the requested 12 chiropractic visits or for any additional visits beyond the 12 in question.

The patient's original complaint began on or about \_\_\_\_\_, had surgery on 5/24/04, and received therapy afterwards. Dr. Eaves first saw the patient 2 years after the onset of the original complaint and 1 year plus after the surgery, treated the patient after the surgery and physical therapy provided by Healthsouth. The treatment provided by Dr. Eaves duplicates what was previously provided with no resolution of the patient's complaints. Dr. Eaves' treatment also failed to provide resolution yet treatment continued. The documentation provided by Dr. Eaves does not provide substantiative support for the treatment provided.

The usual course of treatment for post-surgery trigger finger release generally does not exceed 6 to 12 visits over a maximum of 6 to 8 weeks. In the present case the patient received months of treatment that supposedly did not resolve the complaints and went to Dr. Eaves. Dr. Eaves' treatment also failed to provide resolution.

Chapter 11, page 265 of the ACOEM guidelines state, "Physical modalities, such as massage, diathermy, cutaneous laser treatment, "cold" laser treatment...have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms." There is a lack of high-quality studies that indicate any efficacy in chronic hand, wrist, or forearm complaints by any passive physical therapy modalities. Table 11-4 on page 264 indicates under Physical Modalities, "Adjust or modify workstation, job tasks, or work hours and methods; stretching; specific hand and wrist exercises for range of motion and

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strengthening; at-home applications of cold packs first few days of acute complaints; thereafter, applications of heat packs; and aerobic exercise to maintain general conditioning." Table 11-7 on page 271 under Physical Treatment Methods recommends instructions for home exercises, optional is at home applications of heat or cold packs and what is not recommended is passive modalities, TENS units or biofeedback.

What is recommended by most nationally recognized evidence-based medical/chiropractic guidelines is education/instruction in a self-directed home exercise program of strengthening, stretching, increasing flexibility and muscle tone. Additionally, the patient can be instructed in the home application of cold/heat, as needed, for discomfort and NSAID's if recommended by the patient's medical doctor and tolerated by the patient.

**Conclusion/Decision to Not Certify:**

Medical necessity is not shown for the 12 chiropractic visits in question for 60 min therapeutic exercise #97110; joint mobilization #97140; myofascial release #97140; interferential #97032; and ultrasound #97035.

**References Used in Support of Decision:**

- 1) Occupational Medicine Practice Guidelines, 2nd Edition, American College of Occupational and Environmental Medicine, OEM Press, 2004. Citations are referenced in the text of the discussion.

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This reviewer has been provided by a licensed chiropractor in active practice for over twenty years. This reviewer is a Board eligible Chiropractic Orthopedist and is a member of their state Chiropractic Association and the American Chiropractic Association. This reviewer specializes in disability evaluation, industrial injuries, roentgenology and independent medical examinations and is active in continuing education related to disability and impairment ratings. The reviewer has additional qualifications and training in Acupuncture. This reviewer is certified by their State Chiropractic Association in Industrial Disability examinations and evaluations.

**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

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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.

MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to 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 MRloA 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 MRloA 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 MRloA 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 MRloA 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: Stephanie R ext 537

cc: Requestor and Respondent