



Specialty Independent Review Organization, Inc.

June 2, 2006

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-1386-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Doctor of Chiropractic with a specialty in Rehabilitation. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

Ms. ____ was injured on ____ while employed with the ____ . The injury occurred when she suffered a lifting injury. There is no height or weight data in any of the records provided. She initially treated with Health South and Dr. J. Wysoki. Physical therapy was performed in August and September of 2005 according to the records provided. No diagnostic workup was included from the initial six months of care.

Dr. Earle requested a further diagnostic work-up consisting of a lumbar and cervical MRI. The lumbar MRI indicates a protrusion/extrusion at L5/S1 with mild compression of the S1 right nerve root and a central disc bulge at L4/5. The cervical MRI indicates mild posterior bulging of the annulus at C3/4, C4/5 and C5/6 without spinal stenosis and DDD, uncovertebral spurring and spondylosis at C6/7.

The physician review of 1/24/06 indicates that 6 sessions of PT were approved. These sessions were performed as of 2/10/06 according to the letter by Dr. Eaves on 4/19/06. The notes indicate that the patient had been working full time until 1/17/06 when she was removed from work by Dr. Earle to “place her on a physical therapy, exercise program at SA Spine and Rehab (SA S&R) on a TIW basis and see her back in 1 month.” The notes from SA S&R from 1/20/06 through 2/27/06 indicate the patient’s pain scale went from an 8 to a 5. The SOAP note versus the 99215 evaluation of 2/15/06 indicates a pain scale of 5 versus 7; it is not clear which is correct. These notes also indicate that PT was performed as late as 2/15/06 by SA S&R.

RECORDS REVIEWED

Records were received from the treating doctor, requestor and from the respondent. Records also include the intake paperwork from TDI/DWC. Records include the preauthorization denial from the carrier (x2), 4/19/06 letter from J. Eaves, DC, office notes from S. Earle, MD dated 12/13/05 through 04/18/06, 3/21/06 EMG script, reconsideration letter of 3/8/06 from Dr. Eaves, 99215 report of 2/15/06, 2/21/06 script by Dr. Earle, cervical MRI dated 1/11/06, 12/29/05 lumbar MRI, various TWCC 73’s, 5/19/06 letter by Robert Josey, 8/18/05 through 9/6/05 notes by Healthsouth, 1/20/06 through 2/27/06 notes from SA Spine and Rehab.

REQUESTED SERVICE

The requested service is a 12 (twelve) session physical therapy program consisting of 97110, 97140, G0283 and 97035. The frequency requested is 3 sessions per week for 4 weeks.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

Dr. Eaves quotes a study by Roy in 1983, which indicates that if a limb is immobilized during recovery then there will be improper functional adaptation to stressors. The reviewer indicates total agreement with this principle. However, the reviewer feels that this patient needs to take personal responsibility for her healthcare and perform a home exercise program (HEP) on a multiple times per day basis at this point in time. There is no documentation of a failed HEP in the records provided. The reviewer indicates that this 3 times per week treatment may actually lead to a similar condition as described by Roy. If the patient does not perform ADL’s, Joint strengthening and AROM’s on a daily basis then there will be no improvement (i.e. more pain and dysfunction).

Secondly, the reviewer indicates that continued passive therapies will likely lead to chronicity and a lack of future improvement. The note of 2/15/06 indicates that the patient had an exacerbation; however, the subjective portion of the note does not indicate that there was an

exacerbation. The 1/20/06 note indicates that there was an exacerbation as well without further description. According to the MDA, the heavy PDL qualifies for up to eighty-four days of disability secondary to a lumbar injury. The patient's PDL was not described in the records. The phase III Clinical guidelines indicate that up to eight weeks of PT should be attempted prior to moving onto the next phase of treatment.

Medical treatment.

Job Classification	Minimum	Optimum	Maximum
<i>Sedentary</i>	0	7	21
<i>Light</i>	0	14	28
<i>Medium</i>	0	21	42
<i>Heavy</i>	0	49	84
<i>Very Heavy</i>	0	56	90

REFERENCES

Reed, Presley Medical Disability Advisor, 2005, Internet

NASS Phase III Clinical Guidelines

Kisner, Carolyn, and Lynn Allen Colby. "The Spine: Posture." Therapeutic Exercise: Foundations and Techniques, 2nd ed. Philadelphia: F.A. Davis Company, 1990

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest 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.

Sincerely,

Wendy Perelli, CEO

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.

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the via facsimile, U.S. Postal Service or both on this 2nd day of June 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli