



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:
IRO CASE NUMBER: M2-06-1613-01
NAME OF REQUESTOR: Kevin Strathdee, D.C.
NAME OF PROVIDER: Kevin Strathdee, D.C.
REVIEWED BY: Licensed by the Texas Board of Chiropractic
Examiners
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 06/16/06

Dear Dr. Strathdee:

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 in the area of Chiropractics 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 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:

An Employer's First Report of Injury or Illness form dated
Evaluations with Paresh Patel, D.O. dated 05/10/05, 05/13/05, and 05/20/05
An MRI of the right knee interpreted by Joel H. Carp, M.D. dated 05/17/05
Evaluations with Farooq I. Selod, M.D. dated 05/24/05, 06/01/05, 06/22/05, 07/06/05, 07/22/05, 08/03/05, 08/24/05, and 09/20/05
A physical therapy evaluation with Robb Larson, P.T. dated 06/06/05
Physical therapy with Mr. Larson dated 06/06/05 and 06/07/05
A treatment plan from Dr. Selod dated 06/08/05
Evaluations with Kevin Strathdee, D.C. dated 06/13/05 and 07/08/05
Chiropractic therapy with Dr. Strathdee dated 06/15/05, 06/17/05, 06/20/05, 06/22/05, 06/24/05, 06/28/05, 06/29/05, 07/01/05, 07/06/05, 07/12/05, 07/13/05, 07/15/05, 07/19/05, 07/21/05, 08/01/05, 08/03/05, 08/16/05, 08/17/05, 08/19/05, 08/22/05, 08/23/05, 08/26/05, and 08/29/05
Physical Performance Evaluations (PPEs) with Dr. Strathdee dated 07/08/05 and 09/01/05
A letter written "To Whom It May Concern" from Dr. Selod dated 07/06/05
Prescriptions from Dr. Selod dated 07/06/05
An MRI of the right ankle interpreted by Collin D. Bray, M.D. dated 07/25/05
A DWC-73 form filed by Dr. Selod dated 08/02/05
A prescription from Dr. Strathdee dated 08/03/05
A request for reconsideration letter from Elida Evans dated 02/10/06
A position statement from Shonna Macaulay, R.N. at CMI dated 05/17/06

Clinical History Summarized:

The MRI of the right knee interpreted by Dr. Carp on 05/17/05 revealed severe lateral chondromalacia patella, moderate medial compartment osteoarthritis, and prepatellar bursitis. On 05/20/05, Dr. Patel recommended an MRI of the right ankle and a referral to an orthopedic surgeon. Physical therapy was performed with Mr. Larson on 06/06/05 and 06/07/05. Chiropractic therapy was performed with Dr. Strathdee from 06/15/05 through 08/29/05 for a total of 23 sessions. A PPE with Dr. Strathdee on 07/08/05 revealed right ankle and knee

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weakness. The right ankle MRI interpreted by Dr. Bray on 07/25/05 revealed mild plantar fasciitis, subcutaneous edema in the medial and lateral ankle, and mild tibialis posterior tendinosis. On 08/03/05, Dr. Strathdee ordered Biofreeze and an AFO support. On 08/24/05, Dr. Selod again recommended an MRI of the ankle. On 09/20/05, Dr. Selod recommended continued exercises and a return to light work duty. On 02/10/06, Ms. Evans wrote a letter of reconsideration of the recent denials of treatment. On 05/17/06, Ms. Macaulay provided a position statement stating that the patient received an excessive amount of therapy between 06/01/05 and 09/01/05 and should have been released to a home exercise program by August 2005.

Disputed Services:

Ultrasound (97035), manual therapy technique (97140), therapeutic exercises (97110), neuromuscular reeducation (97112), and a physical performance test (97750) from 08/01/05 through 09/01/05

Decision:

I agree with the requestor. The ultrasound (97035), manual therapy technique (97140), therapeutic exercises (97110), neuromuscular reeducation (97112), and a physical performance test (97750) from 08/01/05 through 09/01/05 were reasonable and medically necessary.

Rationale/Basis for Decision:

According to the medical records provided for my review, the patient was injured on . He began an active rehabilitation program on 06/15/05. The treatments in question are ultrasound, manual therapy, therapeutic exercises, neuromuscular reeducation, and physical performance testing from 08/01/05 to 09/01/05. According to the Official Disability Guidelines (ODG), 2005, physical therapy treatment for an ankle sprain and knee sprain can last up to eight weeks. Eight weeks of treatment on this patient would have ended on 08/08/05. However, the ODG states, "When treatment duration and/or number of visit exceeds the guideline, exceptional factors should be noted. If additional circumstances are present, documentation must support medical necessity." The patient was referred for an MRI of the right ankle on 07/25/05, which revealed mild plantar fasciitis, subcutaneous edema in the medial and lateral ankle, and mild tibialis posterior tendonitis. In addition, the patient had deficits in range of motion and strength, which required ordering an ankle foot orthosis for support. Thus, with these additional circumstances, the treatments in question performed beyond the ODG guidelines were medically

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necessary. In short, the treatments from 08/01/05 through 09/01/05 were medically necessary to treat this patient.

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.

This decision by the reviewing physician consulting for 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.

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I hereby verify that a copy of this Independent Review Organization's decision was sent to DWC via facsimile or U.S. Postal Service on 06/16/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel