

INDEPENDENT REVIEW INCORPORATED



SENT TO: Texas Department of Insurance
Health & Workers' Compensation Network Certification & QA
Division (HWCN) MC 103-5A
Via E-mail IRODecisions@tdi.state.tx.us

Gulf Insurance/Joe Anderson
512.338.5363 (fax)

Charles Shissias, MD
803.799.0682

January 16, 2007

RE: IRO Case #: M2 07 0483 01
Name: _____
Coverage Type: Workers' Compensation Health Care - Non-network
Type of Review:
 Preauthorization
 ____ Concurrent Review
 ____ Retrospective Review
Prevailing Party:
 ____ Requestor
 Carrier

Independent Review, Inc. (IRI) has been certified, IRO Certificate # 05055, by the Texas Department of Insurance (TDI) as an Independent Review Organization (IRO). TDI has assigned this case to IRI for independent review in accordance with the Texas Insurance Code, the Texas Labor Code and applicable regulations.

IRI has performed an independent review of the proposed/rendered care to determine if the adverse determination was appropriate. In the performance of the review, IRI reviewed the medical records and documentation provided to IRI by involved parties.

This case was reviewed by a board certified anesthesiologist with special qualifications in pain medicine. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured



employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), and any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

As an officer of IRI, I certify that:

1. there is no known conflict between the reviewer, IRI and/or any officer/employee of IRI with any person or entity that is a party to the dispute, and
2. a copy of this IRO decision was sent to all of the parties via U.S. Postal service or otherwise transmitted in the manner indicated above on January 16, 2007.

RIGHT TO APPEAL:

You have the right to appeal the decision by seeking judicial review. This IRO decision is binding during the appeal process.

For disputes other than those related to prospective or concurrent review of spinal surgery, the appeal must be filed:

1. directly with a district court in Travis County (see Labor Code 413.031(m)), and
2. within thirty (30) days after the date on which the decision is received by the appealing party.

For disputes related to prospective or concurrent review of spinal surgery, you may appeal the IRO decision by requesting a Contested Case Hearing (CCH). A request for CCH must be in writing and received by the Division of the Workers' Compensation, Division Chief Clerk, within ten (10) days of your receipt of this decision.

Sincerely,

Jeff Cunningham, D.C.
Director of Operations

**REVIEWER'S REPORT
M2 07 0483 01**

MEDICAL INFORMATION REVIEWED:

1. Medical record review of Dr. Gordon dated 03/20/06
2. Independent medical evaluation performed by Dr. Gunter on 07/25/06
3. Requests for physical therapy and occupational therapy
4. Physician adviser's decisions regarding requests for physical therapy and occupational therapy

BRIEF CLINICAL HISTORY:

According to the records I have reviewed, this claimant was injured on ___ while playing football for the _____. According to the independent medical evaluation of Dr. Gunter, the claimant struck the back of his head against another player as he was trying to regain his balance. He allegedly fell limp to the ground. According to Dr. Gunter, the claimant had undergone physical therapy since the time of the injury through the time of the independent medical evaluation on 07/25/06, consisting of some 4 years of therapy. Multiple imaging studies have been taken of the entirety of the claimant's spine, demonstrating no evidence of spinal cord compression or spinal cord pathology. This included initial MRI scans over the first 72 hours following injury showing no intrinsic abnormality of the cervical spinal cord. Repeat cervical MRI scan on 08/08/02 similarly showed only minor degenerative changes but no significant abnormalities. Another cervical MRI scan on 08/20/02 showed no cord compression or cord abnormalities. Another cervical MRI scan on 02/13/03 was also unremarkable, as was a lumbar MRI scan on 04/01/03. Another cervical MRI scan on 04/01/03 also showed no evidence of spinal cord lesion. A brain MRI scan on 04/01/03 was also unremarkable. The claimant underwent extensive rehabilitation at the Texas Institute of Rehabilitation and was discharged on 04/11/03. On 04/26/04, the claimant was seen by his neurologist, Dr. Shissias, complaining of left arm weakness and left hemibody sensory deficit. On 03/22/05, the claimant was seen by Dr. Belding, an orthopedist, who noted the claimant was walking without the assistance of a cane and had normal muscle strength in arms and legs with no atrophy. He found no abnormalities on physical examination. Dr. Gordon on 03/20/06 stated that there was no evidence of medical requirement for ongoing physical therapy or occupational therapy. Twelve sessions of occupational therapy were then approved on 07/06/06. An independent medical evaluation was performed on 07/25/06 by Dr. Gunter, a neurosurgeon. He noted that "none of his studies have ever demonstrated any evidence for spinal cord compression." He stated the claimant's pain complaint involved the back of his neck, both arms to the elbows, both shoulder blades, the lower back, and both legs. The claimant also complained of muscle spasms which involved periodically different parts of his body. Physical examination documented full cervical range of motion with uniform muscle bulk and no atrophy in the muscles of any extremities. The upper extremities demonstrated a "trace" difference between the left

and the right in strength, as did the lower extremities demonstrate only a “trace” difference between the left and the right. Sensory examination, cerebellar examination, and deep tendon reflexes were all entirely normal. Dr. Gunter stated that the claimant did not have any of the physical examination findings that he would expect in a patient who had a spinal cord injury. He also stated that the claimant’s complaints of generalized weakness and migratory muscle spasms “would not be explained by cervical myelopathy.” He stated the claimant had “certainly” reached maximum medical improvement and recommended that the claimant not return to professional football as an occupation. On 08/22/06, twelve additional sessions of physical therapy were approved. Additionally on 08/22/06, twelve sessions of occupational therapy were approved. On 09/28/06, a request was made to continue occupational therapy for 12 more visits, followed by a request on 09/29/06 for an additional 12 sessions of physical therapy. Both of these requests have been appropriately reviewed by 2 different physician advisers, both of whom found the requests to not be medically reasonable or necessary on both initial request and appeal.

DISPUTED SERVICES:

1. Physical therapy times 12 visits
2. Occupational therapy times 12 visits

DECISION:

I AGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER IN THIS CASE.

RATIONALE OR BASIS FOR DECISION:

This claimant has had over 4 years of physical therapy, occupational therapy, and intensive rehabilitation, including a stay at the Texas Institute for Rehabilitation. The most recent independent medical evaluation clearly demonstrated no evidence of ongoing spinal cord pathology nor, for that matter, any evidence of a prior spinal cord pathology. Additionally, all of the radiologic imaging studies performed on this claimant’s spine have demonstrated only minor degenerative changes with no evidence of spinal cord compression or pathology. Based upon the physical examination evidence documented by Dr. Gunter in his independent medical evaluation, as well as the extensive amount of treatment that this claimant has already had, there is no medical reason or necessity for further supervised physical therapy or occupational therapy. The claimant should, at this point, be entirely self-sufficient in performing home exercises after having such an extensive course of supervised treatment. Moreover, given the recommendation of Dr. Gunter that the claimant not consider returning to professional football as an occupation, additional physical therapy or occupational therapy is not likely to change the clinical outcome of this claimant’s case nor improve the likelihood of his returning to his former



occupation. Therefore, there is no medical reason or necessity for an additional 12 sessions of physical therapy or occupational therapy as requested. The requests for occupational therapy and physical therapy were appropriately reviewed by 2 separate physician advisers so there is no procedural abnormality regarding the insurance carrier's decision or determination in this case.