

December 8, 2006

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

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-07-0468-01

CLIENT TRACKING NUMBER: M2-07-0468-01-5278

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:

FROM THE STATE OF TEXAS:

Notification of IRO Assignment 11/30/06 - 1 page

Texas Department of Insurance Division of Workers Compensation form 11/30/06 - 1 page

Medical Dispute Resolution Request/Response form - 2 pages

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

(801) 261-3003 (800) 654-2422 FAX (801) 261-3189

www.mrioa.com A URAC Accredited Company

Table of Disputed Services – 1 page
Provider form – 2 pages
Letter from Tara Maupin, LPN/Concentra 11/3/06 – 2 pages
Letter from Dr. Amato, DC/Concentra 11/10/06 – 2 pages

FROM THE REQUESTOR/DR. PATRICK DAVIS:

Letter from Dr. Davis 7/19/06 – 5 pages
Letter from Dr. Davis 10/27/06 – 6 pages
Letter from Dr. Davis 7/19/06 – 5 pages
Letter from Tara Maupin/Concentra 11/3/06 – 2 pages
Letter from Dr. Amato, DC/Concentra 11/10/06 – 2 pages
Work Status Report 11/6/06 – 1 page
Work Status Report 11/16/06 – 1 page

FROM THE INSURANCE COMPANY/ZURICH:

Appeal of Denial 11/3/06 – 1 page
Letter from Dr. Davis 10/27/06 – 6 pages

Summary of Treatment/Case History:

This patient is a 21 year old female who had 13 prior PT treatments for low back and right leg pain due to an injury at work on _____. The patient continues to have low back and leg pain after 2–3 months of PT treatment. There are no daily progress notes to substantiate the treatment rendered or to follow patient progress. The re-exam of 10/27/06 does not support medical necessity for any additional PT treatments. There are no objective outcome assessments and no specific objective treatment goals.

Questions for Review:

ITEM(S) IS DISPUTE: Pre-Authorization Request – Physical Therapy (15 visits).

Explanation of Findings:

This patient is a 21 year old female who had 13 prior PT treatments for low back and right leg pain due to an injury at work on _____. The patient continues to have low back and leg pain after 2–3 months of PT treatment. There are no daily progress notes to substantiate the treatment rendered or to follow patient progress. The re-exam of 10/27/06 does not support medical necessity for any additional PT treatments. There are no objective outcome assessments and no specific objective treatment goals.

ACOEM does not support continued physical methods after 3–4 weeks with absence of documented

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

(801) 261-3003 (800) 654-2422 FAX (801) 261-3189

www.mrtoa.com A URAC Accredited Company

improvement. ACOEM Guidelines, chapter 12, pages 298–300. Mercy Guidelines require progress notes documenting treatment rendered and patient response, as well as objective outcome assessments. (Chapter 5, pages 88,136,141, 151)

Conclusion/Decision to Not Certify:

ITEM(S) IS DISPUTE: Pre–Authorization Request – Physical Therapy (15 visits).

The additional 15 PT visits are not supported as medically necessary. ACOEM Guidelines, chapter 12, pages 298–300. Mercy Guidelines require progress notes documenting treatment rendered and patient response as well as objective outcome assessments. (Chapter 5, pages 88,136,141,151)

Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:

ACOEM Guidelines, chapter 12, pages 298–300.

A trial of manipulation for patients with radiculopathy may also be an option. There is consensus on its utility among practitioners who perform it, when radiculopathy is not progressive, and large series and cohort studies suggest value for some forms of manipulation. Physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies, but they may have some value in the short term if used in conjunction with a program of functional restoration.

Mercy Guidelines, 1993

Chapter 5 – Record Keeping and Patient Consents

12. Chart/Progress Notes

A dated record of what occurred on each visit, and any significant changes in the clinical picture or assessment or treatment plan need to be noted. P. 88

There are many different adjusting/manipulation/manual techniques. It is important to record what area was adjusted/manipulated/treated and the procedure used. P. 88

All relevant information from every reassessment and re–examination must be recorded in the patient file. P. 88

Chapter 9 – Reassessment

B. Periodic Reassessment should be made in all areas in which there were prior positive clinical findings. P. 136

Chapter 10 – Outcome Assessment

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

(801) 261-3003 (800) 654-2422 FAX (801) 261-3189

www.mrioa.com A URAC Accredited Company

Outcome Assessment: This term refers to a procedure or method of measuring a change in patient status over time, primarily to evaluate the effect of treatment. P. 141

VI. Recommendations

- A. Functional Outcome Assessments (By Questionnaire) P. 151
- B. Patient Perception Outcome Assessments P. 151
- C. General Health Outcome Assessments P. 151

References Used in Support of Decision:

ACOEM Guidelines, chapter 12, pages 298–300.

Mercy Guidelines, chapter 5, pages 88,136,141,151 –1993

This reviewer has been Certified in Chiropractic since 1977, and Chiropractic Orthopedics since 1987. Has been in private practice since 1977. Member of American Chiropractic Association, ACA: Council on Diagnostic Imaging and Council on Orthopedics, and Foundation for Chiropractic Education and Research.

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

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

(801) 261-3003 (800) 654-2422 FAX (801) 261-3189

www.mrtoa.com A URAC Accredited Company

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 8 day of Dec/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.

1274415.1

Case Analyst: Cherstin B ext 593

cc: Requestor
Respondent

2875 S. Decker Lake Drive Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125-0547
(801) 261-3003 (800) 654-2422 FAX (801) 261-3189
www.mrioa.com A URAC Accredited Company