



Specialty Independent Review Organization, Inc.

January 10, 2007

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

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-07-0527-01  
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. 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

The above-mentioned patient was injured on \_\_\_\_ while employed with \_\_\_\_ . The patient presented to the office of Joe Flood, DC on or about 9/18/06. He complained of subsequent complaints after an MVA, which occurred during the normal course and scope of his employment. He measures 5' 10" and weighs 300 lbs. ROM was reduced and subjective pain was noted in the left arm. He reports trouble with ADL's. The cervical MRI indicates disc protrusion at C3/4 with foraminal narrowing and T1/2 disc bulge without neural involvement. Neurodiagnostic examination indicates mild nerve compression at the wrist. The patient was returned to work with restrictions on 12/11/06. The patient's pain scale has reduced to a 5/10 according to the records while it started as an 8/10.

## RECORDS REVIEWED

Records were received and reviewed from the requestor/treating doctor and from the respondent. Records from the requestor include the following: 11/17/06 MDR letter, 10/19/06 adverse determination letter, preauth request /TWCC advisory 96-11 letters of 9/28/06 and 10/16/06, 10/13/06 recon request PT letter, 10/3/06 adverse determination letter, fax cover and conf sheet of 5/28/06, initial eval by San Antonio Spine and Rehab (SASR), 10/18/06 subsequent eval by SASR, 11/16/06 left shoulder MRI, 11/8/06 cervical MRI, 12/19/06 neurodiagnostic examination, SOAP notes from 9/11/06 through 12/11/06.

Records from the respondent include the following (in addition to any previously mentioned records): TWCC 73 of 12/11/06 and 12/5/06 DWC PLN-11.

## REQUESTED SERVICE

The requested service includes PT x 12 sessions consisting of 97110, G0283, 97035 and 97140 (x 2 units).

## DECISION

The reviewer disagrees with the previous adverse determination regarding nine separate sessions of 97110.

The reviewer agrees with the previous adverse determination regarding the remaining three separate sessions of 97110 and all remaining requested services.

## BASIS FOR THE DECISION

The subsequent report of 10/18/06 indicates an increase in cervical ROM in most movements. There is no PPE or FCE to review to determine the patient's abilities to lift at this point in time or to determine his PDL. The SOAP notes indicate active rehabilitation was started on or about 9/22/06 and continued for three total visits (according to the records provided) and a home exercise protocol was provided. The notes beginning on 11/17/06 indicate, "the patient indicates that the home exercises are not helping." It is not clear from the records provided if three or six dates of active rehabilitation were performed, regardless, the patient is not benefiting from the home exercise program. According to the EBM Guidelines, if a patient is not improving with a home exercise program then an in office protocol is acceptable. According to Taimela in Spine/EBM Guidelines, 'active therapeutic exercise which improves muscular strength and endurance may be helpful (to a patient with neck pain).'

It is clear to the reviewer that an additional 9 sessions of therapeutic exercise are medically necessary secondary to the non-response of this patient to a home exercise program. These 9 sessions of exercise would bring the total up to 12 sessions according to the records received. At that time, a performance evaluation or functional evaluation should be performed to determine

the patient's status at that point in time. Reed indicates, "the first/primary objective of therapy (for 847.0) is to restore range of motion at the neck". It appears that the provider is accomplishing this objective, albeit slowly. The MDA recommends between 1 and 42 days off of work from a cervical sprain. This does not take into account the additional time that is possibly involved due to the other injury to the shoulder. Regarding the passive therapies, which were requested, there is no evidence presented that these services are medically necessary at this point. That is not to say that such services may not be necessary in the future for an exacerbation; however, at this point, they are found to be not medically necessary.

The initial peer review doctor from UniMed Direct indicates "While the claimant might benefit from a few more sessions of therapy to address the injury and properly instructed on a self-directed home exercise program, I was unable to discuss a negotiated treatment plan with Dr. Flood..." The peer reviewer also indicates that the ODG indicates 18 visits are necessary for cervical pain. The peer reviewer does not take into account the complication of the neck diagnosis with an overlying shoulder injury. The reviewer indicates this supports the above-mentioned partially supported/partially denied finding.

#### REFERENCES

Taimela et al. Active treatment of chronic neck pain: a prospective randomized intervention. Spine 2000; 25:1021-7.

Reed, P Medical Disability Advisor, 2005

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 Division via facsimile, U.S. Postal Service or both on this 10<sup>th</sup> day of January, 2007**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative: Wendy Perelli**