



Specialty Independent Review Organization, Inc.

February 1, 2007

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

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-07-0563-01  
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 by \_\_\_\_ . He was injured when he was pushing a pallet jack which ran over his right foot. He went to the ER at Harris Hospital and diagnosed with a foot fracture. The radiology report was positive for a fracture of the distal medial and dorsal calanceal articular margin yielding a 6-7mm fragment. The CT scan indicates no fracture and notes the aforementioned 'fracture' as an accessory ossicle.

#### RECORDS REVIEWED

Records were received and reviewed from the requestor/treating doctor and from the respondent. Records were also included with the notification of IRO assignment from DWC. Records from the requestor include the following: 10/18/06 office note by Dr. Davis (5 pgs.), another office

note of 10/18/06 (4 pgs.), script of 10/25/06, Hartford adverse determination by M. Carlson, DC and Hartford adverse determination by A. Bottorff, DC.

Records from the respondent include the following (in addition to any previously mentioned records): Initial Evaluation of 10/25/06 by American Orthopedic and Neurological (AON), TWCC 73 of 10/18/06, radiological reports of R. Bloyna, MD, and a TWCC 73 of 11/6/06.

#### REQUESTED SERVICE

The item in dispute is a physical therapy program of 3 times per week for six weeks consisting of 97110, 97140, 97116, 97035 and 97112.

#### DECISION

The reviewer disagrees with the previous adverse determination regarding two units per date for six total visits of 97110 and one unit per date for six total visits of 97112.

The reviewer agrees with the previous adverse determination regarding all other services under review are denied.

#### BASIS FOR THE DECISION

The reviewer notes that two units of 97110 and one unit of 97112 are approved per date of service for up to six total dates of service based upon the Medicare Guidelines that up to forty-five minutes per date of service are sufficient for the average patient encounter. This is also supported in the ODG section of this document. This indicates that therapeutic exercises should be utilized to allow the patient to increase ROM and strength following the injury. Future treatment will depend on the patient's response to these therapeutic encounters. A home exercise protocol should be taught during these allowed encounters to enable the patient to continue on a home based protocol in the future.

Gait training has not been documented as medically necessary. There is no gait deficit. As per Dr. Daniels report of 10/25/06, "the patient walks with normal gait". However, in the next section of his report, Dr. Daniels' indicates 'patient does walk with an antalgic gait'. Ultrasound and manual therapy treatments are passive treatment and are not medically necessary at this stage of treatment.

The reviewer indicates it would have likely served the patient better had this therapy been performed in November of 2006; however, it is approved so that this patient can be taught a home exercise protocol. This should also progress him towards MMI.

## REFERENCES

### Official Disability Guidelines

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 1<sup>st</sup> day of February, 2007**

**Signature of Specialty IRO Representative:**

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