

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that office visits, therapeutic procedures and therapies and supplies were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that office visits, therapeutic procedures and therapies and supply fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 1/11/02 to 8/15/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 22nd day of April 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 3, 2003

Requester/ Respondent Address : Rosalinda Lopez
TWCC
4000 South IH-35, MS-48
Austin, Texas 78704-7491

RE: MDR Tracking #: M5-03-0623-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, 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 was reviewed.

The independent review was performed by a Physical Medicine and Rehabilitation/Chiropractic physician reviewer who is board certified in Physical Medicine and Rehabilitation. The Physical Medicine and Rehabilitation/Chiropractic physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

Claimant is a now 49 year old female who is 5'0" tall and weighs 150 pounds. She has a reported work injury date of ____, when she was trying to physically restrain a student in the classroom. The student pushed her and was uncooperative, she lost her balance, but continued to try to restrain him with her arms. She twisted to the right and felt a strange sensation in her upper back. It is not known as to the age or weight of this student as this information was nowhere to be found in the documentation received.

11-28-2000 ____ evaluation by a chiropractor is reviewed. He orders daily physical therapy for 2 weeks to the cervical, thoracic and right shoulder for sprain/strain diagnosis. No past medical history was given in this report. Follow-up was for 6 weeks. X-rays of the cervical spine were performed.

MRI 1-11-01 of the cervical spine shows degenerative changes and spondylosis. MRI of right shoulder 2-15-01 shows moderate degree of impingement with hypertrophic changes and spurring to the right AC joint. No cuff tear. These are also degenerative changes.

3-26-01 patient is seen by a neurosurgeon; orders conservative care and follow-up in future if needed.

3-28-01 patient evaluated by another physician

4-2-01 patient seen by another doctor and diagnosis is cervical spondylosis with facet syndrome; mild shoulder impingement syndrome. Possible blocks if pain persists.

4-17-01 IME by PM&R doctor. Diagnosis is cervical sprain with probably pre-existing degenerative disc disease with canal stenosis and cord edema in the cervical spine. No impairment given.

5-2-01 Orthopedic consult with an orthopedic surgeon for right shoulder; past medical history given and has arthritis of the neck diagnosed by the neurosurgeon, but no date of this diagnosis

being given is included with the past medical history. He notes full range of motion of the shoulder. Diagnosis is cervical spondylosis with secondary muscle spasms. He does report patient is in work hardening program.

7-18-02 Interim report is presented in notes. Patient's height is now 5'3". Nerve Conduction Studies were performed on 2-22-01 according to this note and showed bilateral Carpal Tunnel Syndrome, greater right than left. Diagnosis is cervical spondylosis; brachial neuritis or radiculitis; disorders of the bursae and tendons in the shoulders; impingement of the shoulder region. Physical therapy is ordered at 3 times a week for 4 weeks with joint mobilization, spray and stretch; massage and phonophoresis with cream by chiropractor. Follow-up in 4 to 5 weeks.

8-27-02 Patient follow-up. She is now 5'4" in height in the note. She has slight tenderness and pain over the spinous and facet processes from C2-C6 on the left and moderate on the right. Order is to continue physical therapy 2 times a week for 4 weeks of massage, mobilization, interferential current and spray and stretch. Note is signed by chiropractor.

Ten Physical therapy notes are present. Of note, it states patient is on no medication. Her pain level remains unchanged at 2 to 3 during the entire time from 7-26-02 through 8-15-02. She was off work it appears until 8-14-02 when she returned with the same reported pain level in the note. Of concern is the fact that none of these notes are signed by any provider.

Requested Service(s)

Outpatient services rendered from 1/11/02 to 8/15/02.

Decision

Documentation does not support the medical necessity of the office visits, unlisted therapeutic procedures, physical therapy or supplies from 1/11/02 to 8/15/02 as medically necessary.

Rationale/Basis for Decision

According to the US Dept. of Health and Human Services Guidelines for the Treatment of Acute Pain, they recommend 12 sessions or one month of conservative care with a maximum of 3 modalities per session. Treatment beyond this length must be documented and medically justified in the records. This was not found in my opinion after review of records. This patient suffered a sprain/strain. Sprain/strains resolve within 6 to 8 weeks, with or without conservative care. The patient had pre-existing cervical spine degenerative disc disease and canal stenosis and degenerative shoulder changes. The injury could have aggravated her pre-existing condition, but the sprain/strain and aggravation should have resolved with the 6 to 8 week period of time.

Literature in the fields of Physical Medicine and Rehabilitation, Physical Therapy, Osteopathic Medicine and Chiropractic Medicine have all shown that modality therapy beyond 3 per session

offer no additional medical benefit to the patient. Therefore, only 3 modalities per the 12 sessions would be within the guidelines.

After 12 physical therapy sessions this patient should have been released to a home program, as it appears she was not a surgical candidate.

This decision by the IRO is deemed to be a TWCC decision and order.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 3rd day of April 2003.