FORTE NOTICE OF INDEPENDENT REVIEW DECISION

Date: June 4, 2003

RE: MDR Tracking #: M5-03-1812-01
IRO Certificate #: **5242**

FORTE 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 FORTE for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

FORTE 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 chiropractor physician reviewer. The chiropractor 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

It appears the claimant was struck by a manual dolly as it was being pushed by a co-worker. This caused alleged injury to the claimant's right foot and the claimant also claimed injury occurred to her right hip and low back. The initial chiropractic documentation revealed the claimant to have headaches and neck pain. The claimant reportedly fell into the arms of a co-worker and did not strike the floor when she was struck by the dolly. By report, the claimant has undergone at least forty-five visits of chiropractic care through 06/01/01. Multiple chiropractic daily notes are reviewed. The claimant underwent a work hardening program after about thirty visits of active and passive chiropractic treatment. The claimant reported back to the chiropractor for occasional follow ups for as needed care due to increased pain during her work activities. On 10/30/02 it was documented that the claimant was getting pain in her low back with deep breaths. She also reported a moderately severe disability during walking activities. The claimant's Oswestry score on 10/30/02 was 64% indicating that she had a crippled self-perceived disability. It appears the claimant went to the emergency room in late October of 2002 due to pain. The claimant was taken off of work from 10/30/02 through 11/06/02. The claimant complained of many complaints that were considered not to be related to the injury including mid back pain, right shoulder pain, right arm pain, right forearm pain, pain at the bottom of her foot and many other non-related pains. The claimant appeared to be happy with treatment one day and then unhappy the next day. The symptoms were described as very non-specific to be constricting, throbbing and constant. The objective findings from the chiropractor continued to indicate myofascial tenderness in the mid back, low back, and buttocks non-specifically. The initial chiropractic report of 03/27/00 is reviewed and all of the daily notes through November of

2002 were also reviewed. The claimant was required by her job to function at the medium duty level. The claimant was incidentally noted to weigh 163 to 167 pounds and be 5'0" tall. There were never any clinical or subjective symptoms or signs of root tension or radiculopathy. The diagnoses continue to be of the sprain/strain variety only. Multiple physical capacity tests were reviewed. The claimant had an 80% Oswestry score on 12/06/01. This would place her in the bed bound or exaggerating symptoms category of self perceived disability. There were no objective findings on the 12/06/01 date of service.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including office visits, physical therapy and supplies from 06/10/02 through 11/11/02.

Decision

I agree with the insurance carrier that the services in question are/were not medically necessary.

Rationale/Basis for Decision

The diagnoses have always been documented to be of the sprain/strain variety. These conditions usually resolve in 90% of cases within 90 days with or without treatment. The mechanism of injury as described was mild and minimally traumatic. Conservative treatment has been extensive to include chiropractic passive and active care along with the work hardening program. The type and amount of care rendered has far exceeded the recommendations of the highly evidenced based Official Disability Guidelines 2003 issue for treatment of sprain/strain injuries. The claimant also complained of many non-injury symptoms. Her self perceived low back disability scoring often placed her in the severe to crippled self perceived disability category despite treatment and despite the fact that it has been two years since the date of injury. The claimant was also noted to be forty years of age and obese. The claimant had numerous non-injury related symptoms. The objective findings consisted of non-specific palpatory pain and myofascitis in the low back, mid back and buttocks on the right. These symptoms would not likely be related to the March of 2000 mild sprain/strain event. On 12/06/01 the claimant complained of pain in her right sacroiliac area, right shoulder blade, right upper back between the shoulder blades, bottom of the right foot, right upper shoulder, mid back on the right, right shoulder, left sacroiliac area, iliac crest on the right, upper right side of the back above the shoulder blade, low back on the right side, left buttock, right wrist, right buttock, right lateral hip, right elbow, top of the hand on the right, right ankle, right forearm, right arm and right calf. These complaints occurred well over a year and a half past the date of injury. The 06/10/02 chiropractic note revealed that the claimant continued to use ice and a lumbar support. She also complained on this date of right foot pain, right elbow pain, left sacroiliac pain, pain in the right arm, right shoulder, over the right shoulder blade, mid back on the right, bottom of the right toes, right calf, right buttocks, right sacroiliac area, and right ankle. These types of symptoms predominated in the documentation and would logically not be attributed with any medical certainty to the March of 2000 mild sprain/strain event. The evidence in the documentation also suggests that the claimant is overly sensitive and is somewhat of a symptom magnifier. The

claimant went to the emergency room in late October of 2002. This indeed is evidence of symptom magnification especially given the mild clinical findings and the mild mechanism of injury. The claimant's Oswestry scores of 12/06/01 were 80% which placed her in the bed bound or exaggerating symptoms category. The claimant's current symptoms as they relate to the three year old injury cannot logically be explained based on the mechanism of injury, natural history of the injury, diagnoses and the current clinical findings.