

# MCMC

## IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

<b>Date:</b>	<b>09/08/2006</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-06-1866-01</b>
<b>DWC #:</b>	
<b>MCMC Certification #:</b>	<b>IRO 5294</b>

### REQUESTED SERVICES:

Please review the item(s) in dispute: Physical therapy (PT) three times per week for four weeks.

### DECISION: Upheld

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IRO MCMCllc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 09/08/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The medical necessity for items in dispute, physical therapy three times per week for four weeks, is not established.

### CLINICAL HISTORY:

Records indicate that the above captioned individual, a 61-year-old female, was allegedly injured as a result of an occupational incident. The history reveals that she was leaning on a restroom stall door and it opened causing her to fall. This reportedly occurred on 04/\_\_/2003. She has complained of a host of injuries to multiple body parts including knee, foot/ankle, low back, mid back, neck, elbow and hip. A knee MRI dated 04/25/2003 showed global degenerative changes with possible tearing of the meniscus. Electrodiagnostic testing of the upper extremities dated 08/16/2003 showed nerve root irritation at the levels of C5-7. Right elbow MRI dated 03/08/2004 showed mild to significant tendinosis. The 05/26/2004 MRI of the left ankle showed soft tissue swelling. A discogram showed abnormal discs at C6-T1 with concordant pain at C4-5 and C5-6. She subsequently had neck surgery on 10/07/2004. A lumbar MRI dated 04/20/2005 revealed an L4-5 disc herniation and multilevel degeneration. Medial and lateral menisectomies were performed to the left knee and eventually a total knee replacement was performed on 01/25/2006 due to lingering symptomatology. The injured individual has participated in a course of chronic pain management and an extensive and exhaustive course of pre and post surgical physical rehabilitation. She has also been extensively managed for medication and injections

over the past three years. The injured individual underwent two independent medical evaluations dated 12/21/2004 and 05/22/2006.

**REFERENCES:**

References utilized in this review may include but are not limited to the ACEOM Guidelines, Official Disability Guidelines, Health Care Guidelines by Milliman and Robertson Volume 7, North American Spine Society Guidelines, Texas Medical Fee Guidelines, and Procedural Utilization Guidelines.

**RATIONALE:**

The submitted and reviewed documentation does not establish the medical necessity for the above items in dispute. Specifically, it is clear that the injured individual has multiple areas of injury. The documentation also indicates that the injured individual continues to complain of significant symptoms and functional limitations. However, the injured individual is three and one half years post injury and has apparently participated in an exhaustive course of physical therapy and rehabilitation to date. It is not likely that the injured individual would positively benefit from any additional formal provider driven therapy at this point. There exist no reasonable expectations that the injured individual would continue to benefit from the requested course of physical therapy given the course of care already attended. This is especially true given the fact that the documentation does not reveal that the injured individual has significantly benefited from past similar care. In fact, the documentation contains no clear quantifiable, comparative, subjective or objective information and/or data that past similar care has produced significant lasting documented or perceived results. Moreover, the injured individual has previously participated in a course of chronic pain management. This is generally considered an end stage treatment program and should lead to an end to formal provider driven care. It is not reasonable that formal physical therapy would be a necessary component of the injured individual's care post chronic pain management.

In spite of the apparent profound injuries and lingering deficits and complaints, given the exhaustive course of therapy previously attended and the lack of documented evidence that the injured individual has significantly benefited from previous similar care, there are no reasonable expectations that the requested course of care would produce additional results. As such, the medical necessity for the requested course of care is not established.

**DATES RECORDS RECEIVED:**

Records received 08/30/2006

**RECORDS REVIEWED:**

Notification of IRO Assignment dated 08/16/06

MR-117 dated 08/16/06

DWC-60

DWC-69: Reports of Medical Evaluation dated 08/13/04, 04/08/04, 11/18/03

MCMC: IRO Medical Dispute Resolution Prospective dated 08/28/06

MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 08/17/06

MCMC: Statement dated 08/21/06

State Office of Risk Management: Letter dated 08/25/06 from Jennifer Dawson, Sr. Medical Dispute & Audit Specialist, with attached check issued 08/22/06  
Whigham Chiropractic & Total Health Center: Fax Transmission Cover Sheet dated 07/10/06 with handwritten message  
Forte: Notice of Utilization Review Findings dated 07/18/06 from Andrea Cunningham, CI Rep  
Talina Tovar, Appeal Coordinator: Note dated 07/18/06  
Myrtle Wallace: Note dated 07/18/06  
Forte: Notice of Utilization Review Findings dated 07/14/06 (first page only)  
Forte: Letters dated 07/18/06, 07/11/06 addressed "To The Patient"  
Forte: Notice of Utilization Review Findings dated 07/11/06 (first two pages)  
Forte: Acknowledgment of Reconsideration Request dated 07/11/06 from Joel Wilk, M.D.  
Forte: Letters of Agreement dated 07/11/06, 07/05/06  
Forte: Notice of Intent to Issue an Adverse Determination dated 07/10/06  
David McKenas, M.D.: Pre-Authorization Peer Review Form dated 07/10/06  
Dr. McKenas: Review dated 07/10/06  
Health Care Provider Detail dated 07/05/06  
Patient Information sheet dated 07/05/06  
Review Notes dated 05/26/06, 05/16/06, 12/30/04  
MES Solutions: Report dated 05/22/06 from Charles Xeller, M.D.  
INNOVA Hospital: Operative Reports dated 03/16/06, 01/25/06 from Lubor Jarolimek, M.D.  
Home Care Professional Service: P.T. Note/Weekly Reports dated 03/14/06, 03/06/06, 02/28/06, 02/21/06, 02/17/06  
Home Care Professional Services: Medical Social Work Skilled Note signed 03/03/06  
Home Care Professional Services: Medical Social Work Assessment and Plan of Care signed 02/23/06  
Home Care Professional Services: Physical Therapy Evaluation and Care Plan signed 02/17/06  
Department of Health and Human Services: Home Health Certification and Plan of Care dated 02/16/06 with attached Addendum to Plan of Care  
INNOVA: Allergies sheet related to 01/25/06 hospitalization with prescription note from George Miller, M.D.  
Orthopedic Care Center: Therapy referral forms dated 01/25/06, 07/28/03  
Progress: Expected Outcome/Goals/Plan notes dated 01/24/06 and one undated  
Progress Notes (typed) dated 01/23/06, 08/19/05  
X-Ray X-Press: Chest radiographs dated 01/19/06  
Heart & Vascular Assoc. of Houston: Office notes dated 01/16/06, 01/13/06, 01/11/06  
Consultation Progress Notes (typed) dated 01/03/06, 12/05/05  
Group Psychotherapy Notes (handwritten) dated 01/03/06 through 01/24/06  
Michael Eisemann, M.D.: Office notes dated 12/19/05, 08/15/05, 02/17/05  
Stephen Esses, M.D.: Letters dated 12/15/05, 05/09/05, 04/11/05, 03/21/05  
James Brown, Ph.D.: Psychological Services Progress Notes dated 12/12/05, 12/05/05 and one undated (handwritten)  
Maximus: Notice of Independent Review Decision dated 11/02/05  
Daily Progress Reports (handwritten) dated 08/29/05, 06/18/04, 06/17/04, 05/12/04 and one with date not legible  
Emilio Cardona, M.D.: Handwritten notes with prescription notes dated 08/19/05, 08/12/05

Final Report of esophagram dated 05/09/05

Emilio Cardona, M.D.: Psychiatric Consultation dated 04/28/05

Advanced Diagnostics: MRI lumbar spine with left lateral bending, MRI lumbar spine in extension, MRI lumbar spine in flexion and MRI lumbar spine without contrast, all dated 04/20/05

Lubor J. Jarolimek, M.D.: Procedure notes dated 04/13/05, 04/06/05, 03/30/05, 02/05/04, 01/29/04, 01/22/04

Spine Associates of Houston: Chart notes dated 01/18/05, 12/07/04, 07/31/04 from Richard Francis, M.D.

Whigham Chiropractic & Total Health Center: Office notes dated 01/13/05 through 06/26/06

DWC: Notice of Disputed Issue and Refusal to Pay Benefits dated 01/11/05

Whigham Chiropractic & Total Health Center: Letter dated 01/10/05

MES Solutions: Independent Medical Evaluation dated 12/30/04 from Charles Keller, M.D.

ErgoRehab: Rehabilitation Program Progress Note for week ending 12/24/04 from Danielle Yassall, PT

ErgoRehab: Initial Rehabilitation Evaluation dated 12/13/04 from Danielle Yassall, PT

Memorial Hermann Hospital: Scheduled Medications lists with administration periods of 09/29/04 to 09/30/04 and 09/28/04 to 09/29/04

Memorial Hermann Hospital: Day of Discharge Orders dated 09/29/04

Memorial Hermann Hospital: Blood Bank Transfusion record dated 09/28/04

Memorial Hermann Lab Services: Lab reports dated 09/27/04, 09/28/04

ECG report dated 09/27/04

Memorial Hermann Hospital: Disclosure and Consent signed 09/27/04

Memorial Hermann Hospital: Physicians Orders for Respiratory Care Services dated 09/27/04

Memorial Hermann Hospital: Pt. H&P/Prog Notes dated 09/27/04 through 09/29/04 (handwritten)

Memorial Hermann Hospital: Anesthesia Record OR dated 09/27/04

Memorial Hermann Hospital: Post-Op Orders dated 09/27/04

Memorial Hermann Hospital: Post Anesthesia Care Unit note dated 09/27/04

Memorial Hermann Hospital: Physician's Orders dated 09/27/04 through 09/29/04

Memorial Hermann Hospital: Surgery Pre-Authorization/Admission Orders dated 09/27/04

Memorial Hermann Hospital: Implant Record dated 09/27/04

Radiology Exam Report dated 09/27/04

Tara Wegryn, M.D.: Procedure Note dated 09/27/04

Richard Francis, M.D.: Operative Report (Preliminary Report) dated 09/27/04

Abstract Summary dated 09/27/04

Memorial Hermann Hospital: Medication Administration Records for the period 09/22/04 to 09/28/04

Worker's Comp Notes (typed) for the period 09/10/04 through 06/28/06

Churchill Evaluation Centers: Reports of Medical Evaluation dated 08/13/04, 11/18/03 from Kenneth Ford, M.D. with attached Review of Medical History, Physical Examination, Impairment Rating Calculation and Detail, Testing and Measurements

Handwritten Progress Notes dated 07/29/04 through 08/05/05

Memorial Surgical Center: Operative Reports dated 07/27/04, 06/08/04, 06/22/04 from Ajay Aggawal, M.D.

LuMar Diagnostic Imaging: MRI left ankle dated 05/26/04  
Stuart J. Nathan, Ph.D. & Associates: Clinical Interview and Psychophysiological Profile Assessment dated 05/25/04 from Rafael Sacasa, Ph.D.  
Baylor College of Medicine: Initial Consultation dated 05/24/04 from Stephen Esses, M.D.  
Texas Anesthesia Back Pain Center: Form notes dated 05/07/04 through 05/09/06 (handwritten) from Ajay Aggawal, M.D.  
Supreme Work Ready, Inc.: Report dated 05/04/04 from G. E. Whigham, D.C.  
Lubor Jarolimek, M.D.: Office notes dated 04/28/04 through 07/05/06  
Churchill Evaluation Centers: Letter of Clarification dated 04/08/04 from Kenneth Ford, M.D.  
DWC: Payment of Compensation or Notice of Refused/Disputed Claim dated 03/25/04  
Texas Anesthesia Back Pain Center: Consultation dated 03/22/04 from Ajay Aggawal, M.D.  
Imaging Institute of Texas: MRI right elbow dated 03/08/04, chest radiographs dated 07/24/03, MRI cervical spine dated 06/23/03  
Northeast Medical Center Hospital: CT cervical spine dated 02/18/04  
Jerry M. Keepers, M.D.: Procedure Note dated 02/18/04 (pages 1, 4 & 5 of 5 only)  
Supreme Work Ready, Inc.: Letter dated 02/17/04 from G. E. Whigham, D.C.  
Spine Associates of Houston: Report dated 01/06/04 from Richard Francis, MD.  
Summit Ambulatory Surgical Center: Operative Reports dated 12/04/03, 10/23/03 from K. Bobby Pervez, M.D.  
Worker Injury Network: Nerve Conduction Studies dated 08/16/03 from Ed Lewis, M.D.  
Memorial Surgery Center: Operative Report dated 07/28/03 from Lubor Jarolimek, M.D.  
Memorial Surgical Center: Rehabilitation Therapy note dated 07/28/03 from Lubor Jarolimek, M.D.  
Regional Specialty Clinic: Follow-Up Notes dated 06/23/03 through 03/22/04 from K. Bobby Pervez, M.D.  
Supreme Work Ready, Inc.: Active Rehabilitation Follow-Up Evaluations dated 06/10/03 through 12/15/03 from M.L. Mausolf, D.C.  
Lubor Jarolimek, M.D.: Report dated 06/09/03  
Regional Specialty Clinic: Initial Patient Consult dated 05/28/03 from K. Bobby Pervez, M.D.  
Thomas Greider, M.D.: Letter dated 05/27/03  
Thomas Greider, M.D.: Encounter Note dated 05/23/03  
Supreme Work Ready, Inc: Initial Comprehensive Evaluation dated 05/21/03 from M.L. Mausolf, D.C.  
Daily Therapy/Rehab Records dated 05/21/03 through 07/01/04 (handwritten)  
Bellaire Family and General Practice Associates: Office notes dated 05/14/03, 04/21/03, 04/09/03, 04/07/03 (handwritten)  
Mana MRI: MRI left knee dated 04/25/03  
Innovative Radiology: Cervical spine radiographs dated 04/23/03  
DWC: Employer's First Report of Injury or Illness dated 04/08/03  
Undated article entitled, "Physical Therapy/References-Reed Group Holdings (two pages)  
Undated article with heading, "The personalized treatment plan may consist of but is not limited to care which may include"

The reviewing provider is a **Licensed/Boarded Chiropractor** and certifies that no known conflict of interest exists between the reviewing Chiropractor 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 prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

### **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.

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
Texas Department of Insurance Division of Workers' Compensation  
P.O. Box 17787  
Austin, Texas, 78744  
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

**In accordance with commission 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**

**\_\_8th\_\_ day of \_\_September\_\_ 2006.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** \_\_\_\_\_