

MCMC

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

Date:	03/23/2006
Injured Employee:	
Address:	
MDR #:	M2-06-0741-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for physical therapy three times a week for four weeks - 97110 therapeutic exercises.

DECISION: Upheld

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 03/23/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The requested physical therapy three times a week for four weeks - 97110 therapeutic exercises is not medically necessary.

CLINICAL HISTORY:

This 26-year-old male was allegedly injured on _____. He claimed to have tripped over the bucket landing on his left knee and left hand. He complained of neck and low back pain as well. Initially he was treated at the Kare Clinic. He was then referred to Dr. Chavda who evaluated him on 05/17/2004. The date of injury listed in the office note is _____.

On examination of his left knee, the range of motion (ROM) was 0-100 degrees with discomfort and pain. He was tender over the anterolateral and posteromedial aspect of the knee. The apprehension and patellar compression tests were positive. The examination did not reveal any ligamentous laxity or meniscal pathology. Despite this the diagnostic impression was listed as strain of the medial meniscus and anterior ligament. In addition he was said to have persistent mechanical symptoms of instability. Dr. Chavda also documented that "examination of both knees appears to be essentially within normal limits. The recommendation was medication, physical therapy (PT) and injection. The injured individual apparently stated that "he would like to proceed with surgery".

The x-rays of the knees were normal. On 06/25/2004 the injured individual now stated that he still had a catching and locking sensation. However the previous office note did not mention such complaints. Once again he was given the previous diagnosis as well as "ACL sprain with partial tear". It is difficult to correlate these diagnoses with the statement by Dr. Chavda on 05/17/2004 that the examination of the knee was normal.

On 06/29/2004 he underwent an arthroscopic electrothermal treatment of the frayed anterior cruciate ligament (ACL), partial median meniscectomy, synovectomy. Post operatively he was said to be doing very well.

It should be noted that the injured individual has had extensive chiropractic care which included passive PT modalities.

The injured individual had a Functional Capacity Exam (FCE) on 09/07/2004 that recommended additional study such as an MRI, EMG/NCV study, psychological evaluation, continued use of passive modalities and treatment and more of the same chiropractic care he was receiving. The injured individual was then seen in the Pain Clinic on 11/04/2004 at the request of Dr. Dillon. Dr. Durrett {Pain Clinic} on the basis of complaints of burning and hypersensitivity of the medial aspect of his knee diagnosed him as having a complex pain syndrome. He recommended sympathetic blocks. This was given to him followed by a Phenol block. On 12/29/2004 the injured individual claimed to have had minimal relief with the injections. Despite this on 12/29/2004 he was given a second Phenol block.

On 1/20/2005 Dr. Durrett now said that the injured individual had a questionable complex pain syndrome. He now stated that the patient had a fluid collection in the left psoas muscle at the L2/3 level. He then aspirated this region under fluoroscopy in the hospital.

Dr. Medley performed an Independent Medical Exam (IME) on 07/23/2004 and concluded that the injured individual had only injured his knee in the alleged incident. Dr. Reed performed a Designated Doctor's Evaluation (DDE) on 12/02/2004. He noted that the MRI of the cervical and lumbar spine and left shoulder were normal. The patient was said not be at maximum medical improvement (MMI) status. He was to continue treatment with Dr. Dillon. Dr. Reed performed a second DDE on 05/09/2005 and came to the same conclusion.

Dr. Dillon had begun to treat this patient in September of 2004. On 07/13/2005 Dr. Dillon stated that the patient did not have Reflex Sympathetic Dystrophy (RSD) and the most recent MRI 06/15/2005 only revealed a mild joint effusion. Despite an essentially normal clinical evaluation he underwent an arthroscopy on 08/09/2005. The intraoperative evaluation revealed an essentially normal knee joint except for some "fibrosis" between the patella and tibial tubercle. The patella was said to sublunate naturally and a lateral release was performed by Dr. Dillon. On 08/25/2005 the injured individual claimed that he had been pacing while talking on the phone the previous day and had now developed stiffness and swelling. Dr. Dillon aspirated 50cc of fluid.

Dr. Shaw [Pain] evaluated him on 03/29/2005 for his knee pain. He smoked half a pack a day for sixteen years. He now complains of double vision in February 2004 and also of migraine headaches. He was to be evaluated for a neurological problem. On 05/19/2005 Dr. Shaw listed his diagnosis as left knee pain and multiple sclerosis. There is no documentation of a note from the neurologist confirming such a diagnosis.

He was placed on Baclofen, Hydrocodone, Ultram, Trazodone, Zanaflex, and Norco. On 06/15/2005 he was also given Keppra. On 08/04/2005 he was said to have radicular symptoms with numbness and “lancinating pain”, paresthesias. Dr. Shaw now added Depakote, Methadone and Reglan. On 09/01/2005 he talked of erectile dysfunction and was told to see his Primary Care Physician (PCP). On 09/13/2005 Dr. Shaw change the Methadone to OxyContin.

The injured individual has been treated with extensive therapy, manipulation, osteopathic and chiropractic treatment, massage, several passive PT modalities from 04/05/2004 until this year.

Dr. Weigel performed a DDE on 11/21/2005. He noted that a neurosurgeon “Dr. Robinson” had reviewed the medical records. His conclusion was that the injured individual does not have RSD and that the injured individual could return to work. Dr. Weigel disagreed with the review done by Dr. Robinson. On 11/18/2005 the injured individual had a full active range of motion (AROM) of his left knee and the knee was stable. Yet he was said to have two plus effusion, and the patella appear to track laterally. Dr. Weigel did not believe that the patient was at MMI status. He also believed that because of this diagnosis of multiple sclerosis the patient should not participate in any activity that lasts more than one hour a day. He also wished to continue PT, use NSAIDs and limit walking to only 20 minutes at a time. He was not to use stairs, knee or climb.

The subsequent notes covering the period December 2005 through January 2006 are from the chiropractor. They essentially document the same complaints and treatments.

Dr. Manoj Mehalkar [Occupational Medicine] evaluated the injured individual on 01/30/2006 and essentially provided physical therapy. The reason additional therapy was being requested was based upon the recommendation by Dr. Weigel to strengthen the vastus medialis and improve patellar tracking. It should be noted that Dr. Brozek [chiropractor] also requested 12 visits of PT and rehabilitation. Based on Dr. Weigel’s recommendation it is somewhat strange that two specialists are both ordering the same treatment on the basis of the DDE report of 11/18/2005. The chiropractor also maintained that the patient was being taken out of chronic pain management.

REFERENCE:

Daniel, C.C, et al. A comparison of physical therapy, chiropractic manipulation, and provision of an educational booklet for the treatment of patients with low back pain. NEJM Oct 8, 1998; Vol 339 #15:1021-1029.

RATIONALE:

The submitted medical records do not substantiate objective clinical findings to warrant additional physical therapy. In fact the injured individual has had excessive treatment with physical therapy (PT), chiropractic and osteopathic care and passive PT modalities. From the beginning his complaints have been inconsistent and not commensurate with the objective clinical findings. The initial evaluation by Dr. Chavda clearly stated that his physical examination was normal. Subsequently he was said to have residual symptoms of knee pain. His complaints then became varied and extended to involve numerous body parts. The available records do not provide an evaluation by a neurologist confirming the alleged diagnosis of multiple sclerosis. Regardless of these discrepancies the patient should be more than familiar with a home exercise program (HEP). Therefore additional therapy is not warranted.

RECORDS REVIEWED:

Notification of IRO Assignment dated 02/10/06
MR-117 dated 02/10/06
DWC-60
DWC-69 Reports of Medical Evaluation dated 11/21/05, 05/09/05, 12/02/04
DWC-73: Work Status Reports dated 04/05/04 through 10/12/05 and three undated
MCMC: IRO Medical Dispute Resolution Prospective dated 03/03/06
IRO Acknowledgment and Invoice Notification Letter dated 02/14/06
Downs-Stanford, P.C.: Letter dated 02/21/06 from W. Jon Grove
Vaughn Brozek, D.C.: Daily Chart Notes dated 11/01/04 through 08/26/05
North Texas Clinic & Rehabilitation Center: Patient information sheet dated 12/22/05
North Texas Clinic & Rehabilitation Center: Preauthorization Request dated 12/19/05
North Texas Clinic & Rehabilitation Center: Precertification Request dated 12/19/05 from Vaughn Brozek, D.C.
Sofia M. Weigel, M.D., PA: Designated Doctor Examination dated 11/21/05
North Texas Work Hardening: Daily Progress Report dated 11/17/05 from Genna Kegley, M.S.
Chronic Pain Program Progress Note Week #1/2 dated 11/17/05
Work Hardening Records dated 11/17 and 11/18 and 11/14/05
North Texas Work Hardening: Initial Psychological Evaluation dated 11/03/05 from Genna Kegley, M.S.
Breland Rehab Sportscare: Therapy notes dated 10/27/05, 10/26/05
Breland Rehabilitation and Sportscare Evaluation & Plan of Care (handwritten) dated 10/??/05
Breland Health Group: Letter dated 10/11/05 from Christine Matlock
Physical Therapy note (handwritten – signature not legible) dated 10/06/05
Total Pain Medicine and Anesthesiology: Office Visit Reports dated 09/13/05, 09/01/05, 08/18/05, 08/04/05 from A.L. Shaw, M.D.
E. Floyd Robinson, M.D.: Report dated 08/16/05
The Clinic for Special Surgery: Operative Report dated 08/09/05 from Linden Dillin, M.D.
The Clinic for Special Surgery: Discharge Summary dated 08/09/05 from Linden Dillin, M.D.
Linden Dillin, M.D.: Certificate of Medical Necessity dated 08/09/05

The Clinic for Special Surgery; Anesthesia Record dated 08/09/05
Total Pain Medicine and Anesthesiology: Follow Up Reports dated 07/13/05, 06/15/05, 05/19/05 from A.L. Shaw, M.D.
Fort Worth Physicians Diagnostic & Treating Ctr.: MRI left knee dated 06/15/05, MRI cervical spine dated 01/17/05, MRI lumbar spine and MRI left shoulder dated 01/14/05
Churchill Evaluation Centres: Reports of Medical Evaluation dated 05/09/05, 12/02/04 from Roy Reid, M.D. with attached Review of Medical History and Physical Examination
Total Pain Medicine and Anesthesiology: Initial Consultation dated 03/29/05 from A. L. Shaw, M.D.
North Texas Clinic & Rehabilitation Center: Notes dated 03/07/05 (two) from Vaughn Brozek, D.C.
Electra Med: Initial Evaluation/Physician Prescription (handwritten) dated 03/07/05
North Texas Clinic & Rehabilitation Center: Letter dated 02/14/05 from Vaughn Brozek, D.C.
Linden Dillin, M.D.: Office notes dated 01/26/05, 05/18/05, 07/13/05, 08/25/05 and 09/21/04, 10/04/04, 01/27/05
Baylor Medical Center: CT Guided Biopsy/Aspiration dated 01/24/05
Baylor Medical Center: Lab reports dated 01/24/05
Baylor Medical Center: Discharge Instructions for Ambulatory Surgery Patients dated 01/24/05
Baylor Medical Center: Physician's Orders dated 01/24/05
Baylor Medical Center: Pathology Lab Orders dated 01/24/05
Baylor Medical Center: Surgical Hospital Stay Form dated 01/24/05
Baylor Medical Center: Universal Protocol For Procedures dated 01/24/05
Baylor Medical Center: Physician Progress Record dated 01/24/05
Baylor Medical Center: Disclosure and Consent for Medical Surgical Procedures and Disclosure and Consent for Moderate Sedation dated 01/24/05
Baylor Medical Center: Moderate Sedation Record dated 01/24/05
Baylor Medical Center: Outpatient Procedure Carepath dated 01/24/05
Roy Durrett, M.D.: Clinic Note dated 01/20/05
Roy Durrett, M.D.: Prescription note dated 01/20/05
Hillcrest Chiropractic Center: Report dated 01/13/05 from Shawn Fyke, D.C.
Kristin Troche, LPN: Letter dated 01/13/05
Grapevine Surgery Center: Pain Clinic Notes dated 12/29/04, 11/04/04 from Dr. Durrett
North Texas Clinic & Rehabilitation: Therapy notes dated 12/17/04 to 12/27/04 and 12/06/04 to 12/13/04
Apple Diagnostics: Report dated 12/01/04 from Scott Moulton, D.C. with attached Informed Consent and Prescription & Statement of Medical Necessity
North TX Clinic & Rehabilitation Center: Daily Chart Notes dated 11/19/04 through 07/12/05 from Gene Fields, D.C.
Radiology Associates: Three phase bone scan of both knees dated 09/27/04
Focus: Functional Abilities Evaluation dated 09/07/04
Texas Bone & Joint Center: Follow up notes dated 08/04/04, 06/25/04 from Deepak Chavda, M.D.

Expert Review: Peer Review dated 07/23/04 from George Medley, M.D.
Universal Healthcare: Prescription and Certification of Medical Necessity dated 07/21/04
Medical Centre Surgical Hospital: Operative Report dated 06/29/04 from Deepak Chavda, M.D.
Texas Bone & Joint Center: Surgical/Procedural Encounter Form (handwritten) dated 05/19/04
Texas Bone & Joint Center: Evaluation dated 05/17/04 from Deepak Chavda, M.D./Rodney Buth, OPA-C
Texas Bone & Joint Center: Bilateral knee radiographs dated 05/17/04
Advanced Imaging: MRI left knee, MRI lumbar spine, MRI cervical spine dated 04/30/04 and left knee radiograph dated 04/15/04
K-Care Medical Rehabilitation: Office visit notes dated 04/05/04 through 09/07/04 from Imre Kocsis, D.O.

The reviewing provider is a Licensed/Boarded Orthopedic Surgeon and certifies that no known conflict of interest exists between the reviewing Orthopedic Surgeon 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

23rd day of March 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____