

MEDICAL REVIEW OF TEXAS

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DATE OF REVIEW: APRIL 9, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy 3x week x 2 weeks

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

MD, Board Certified in Family Practice

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- records and denial letters (2/19/07, 3/12/07)
- TDI paperwork
- Dr. clinical notes and letters (2/2/07, 3/7/07)
- Dr. progress notes (3/31/05, 2/14/05)
- Patient Affidavit (2/26/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient sustained a work related injury. Apparently he was treated with medications, physical therapy, chiropractic care, and a series of three epidural

injections. No records are available to review prior to 2/14/05. At that time, patient complains of an exacerbation of his neck and back pain. Another exacerbation occurs in early 2007.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

THE MEDICAL AND ADMINISTRATIVE RECORDS SUBMITTED DO NOT JUSTIFY THE REQUESTED SERVICES. LESSER INTERVENTIONS HAVE NOT BEEN DOCUMENTED OR GIVEN SUFFICIENT TIME FOR EFFECTIVENESS. NO ACCEPTED LITERATURE OR GUIDELINES SUPPORT THE USE OF PHYSICAL THERAPY FOR ACUTE EXACERBATIONS OF A CHROINIC INJURY TEN YEARS AFTER THE ORIGINAL INJURY. NO MMI'S OR IPE'S WERE SUBMITTED. NO RECORDS PRIOR TO 2005 WERE AVAILABLE FOR REVIEW. THEREFORE, THE PRIOR DECISION IS UPHELD.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**

- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
 - * *PHILADELPHIA PANEL STUDY*