

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
7502 GREENVILLE AVENUE
SUITE 600
DALLAS, TEXAS 75231
(214) 750-6110
FAX (214) 750-5825

DATE OF REVIEW: April 23, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy 3 times a week for 4 weeks (total of 12 visits)

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

Internal medicine, occupational and environmental medicine

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier include:

- 03/05/07, 03/20/07
- M.D., , 01/31/07
- Diagnostic Center, 01/30/07
- / D.O., 02/09/07, 02/21/07, 03/14/07
- L.P.C., 02/15/07, 03/16/07

- Rehab, 02/19/07, 03/02/07

Medical records from the Requestor include:

- Diagnostic Center, 01/30/07
- / D.O., 02/09/07, 02/21/07, 02/27/07, 03/14/07, 03/15/07, 03/21/07, 03/23/07
- Rehab, 02/19/07
- 03/20/07

PATIENT CLINICAL HISTORY:

The patient is a who sustained trauma from falling walls. The patient had ongoing complaints of cervical pain, left arm pain, and low back pain. An MRI scan of the cervical spine revealed C5-C6 protrusions, and an EMG/Nerve conduction velocity study revealed no evidence of radiculopathy. An MRI scan of the lumbar spine revealed spondylosis and disc bulging at L2-3 and L4-5. No clinical radiculopathy is noted in the available medical records.

It has been requested that the patient participate in physical therapy three times a week for four weeks. The patient has now moved into the chronic pain clinical category as the symptoms have existed now for over twelve weeks.

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

At this point the patient has moved into a chronic stage. Current literature does not support continued and ongoing physical therapy. There is no indication for intensive physical therapy with passive modalities at this point in the patient's treatment based on objective literature and guidelines such as Occupational Medicine Practice Guidelines from the American College of Occupational and Environmental Medicine, Official Disability Guidelines, and clinical evidence in Issue 15 of the British Medical Journal to indicate that acute intensive physical therapy is efficacious in the treatment of chronic musculoskeletal complaints.

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)