

MATUTECH, INC.

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DATE OF REVIEW: APRIL 13, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy (six sessions)

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

The physician providing this review is a Doctor of Chiropractic. The reviewer is certified by the Chiropractic Examiners. The reviewer has been in active practice for 22 years.

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:

D.C.:

- Office visits/therapy notes
- Radiodiagnostics
-

Inc.:

- Office visits/therapy notes (01/24/07 – 02/23/07)
- Utilization reviews (02/27/07 & 03/21/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a patient who was injured. While pushing and pulling on a seatbelt machine, he developed low back pain going down the left leg.

D.C., noted that the patient had been prescribed Celebrex by another physician. X-rays of the lumbar spine showed moderate loss of lordotic curve, moderate myospasms, narrowed disc space at L5-S1, and mild left lateral curvature with

restricted rotation to the right. Dr. diagnosed lumbosacral radiculitis and myalgia/myositis. He initiated physical therapy (PT), the patient attended 43 sessions with modalities consisting of accuscope, electrical muscle stimulation (EMS), manual traction, heat, joint mobilization, and therapeutic exercises.

the patient attended six sessions of PT consisting of the aforementioned modalities. Dr. requested six additional sessions of PT. the patient attended five sessions of PT consisting of electrical stimulation, heat, manual traction, joint mobilization and therapeutic exercises.

the requested six additional sessions of PT were non-certified. The rationale stated was: *There was limited documented measurable evidence of subjective or objective improvements with this ongoing chiropractic provider... and therefore, there is no reason to continue this PT at this time with the available information provided for review. This claimant far exceeded the number of recommended PT visits per ODG and DWC rules and regulations.*

On March 21, 2007, the requested PT was again non-authorized. The rationale provided was: *The medical necessity for the six additional treatments is not determined. According to the designated doctor evaluation, the claimant has reached maximum medical improvement. There is no indication of the need for additional treatment. This claimant has received 48 treatments. The ACOEM Guidelines do not support continued therapy in the chronic phase.*

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

Based on the records provided, the employee reported an injury to his lower back. The employee received about 49 sessions of chiropractic treatment. Based on the examination, the clinical findings were symmetrical on the right and left. There was no remarkable objective finding of injury. X-rays indicated the employee had degenerative disc disease at L5/S1. There were no other examinations provided. It was indicated that there was an examination on 09/15/2006 yet there were no quantifiable measurements. It was indicated that the lumbar spine was re-x-rayed yet there was no report of those results nor was there any basis provided for the need to re-x-ray. The documentation indicated that the employee was evaluated by a designated doctor on 01/31/2007 and was certified at maximum medical improvement. There was no indication of any residual impairment; however, it was stated that the employee did not require further treatment.

It appears to me that ongoing chiropractic care and physical therapy are beyond guideline parameters at this duration without objective evidence of a remarkable injury to support the extension of care. The employee was provided a considerable course of care with passive modalities that are not recommended beyond a month. Conservative chiropractic manipulative therapy would be reasonable in 90% of the cases where spontaneous improvement is expected and manipulative therapy would facilitate functional restoration and return to work within 3 months duration. There was no documentation of an objective finding in

this case that was remarkable in degree or complexity that would support the additional chiropractic treatment and physical therapy requested at this duration.

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**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**