IMED, INC.
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DATE OF REVIEW: 08/03/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Items in Dispute: Denied CPT Code 97012, 97530, & 97032 – Physical therapy fifteen (15) visits with modalities.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THIS DECISION:
Texas License and currently on TDI DWC ADL.
Diplomate of the American Association of Quality Assurance & Utilization Review Physicians
Diplomate of the American Academy of Pain Management
Certified by the American Academy of Disability Evaluating Physicians
Fellow of the American Back Society

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
1. xx/xx/xx-02/16/07 –M.D., notes.
2. 01/05/07-02/02/07 M.D., notes.
3. 02/01/07 –MRI.
4. 01/05/07-02/16/07 – D.O., notes.
5. 04/18/07-06/01/07 –diagnostic & treatment plan page.
6. denials.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):
The employee was injured at work on xx/xx/xx. Records suggest that the employee sustained injury to the neck and upper part of her back while attempting to lift files from a vault.
Treatment began with, M.D., on xx/xx/xx, and during the initial examination, Dr. revealed muscle spasm with tenderness but did not identify any sensory or motor deficits or positive orthopedic tests. Additionally, the employee had normal range of motion during these evaluations.

Dr. and his group of physicians treated the employee with multiple medications including narcotic analgesics, steroids, and muscle relaxant. Furthermore, it appears the employee has a significant past medical history which includes depression and some form of asthma or chronic obstructive pulmonary disease based on the medications she was previously prescribed. Physical therapy was noted to have been started on 01/05/07, and the physician group notes confirm that

the physical therapy lasted through at least 02/16/07. By 02/07/07, the employee was returned to work with lifting of no more than 25 pounds. Furthermore, narcotic and pain reliever medications were discontinued. A home exercise program was also prescribed.

As of 02/16/07, the employee was also noted to have received trigger point injections.

Records next indicate that the employee began chiropractic care on 03/28/07. As of 04/18/07, a chiropractor diagnosed neck pain, mid back pain, and low back pain. The actual diagnosis was felt to have been a thoracic subluxation, a cervical subluxation, and a lumbar subluxation.

A chiropractic treatment card suggested he provided passive physical therapy modalities for an extended amount of time between 04/09/07 through at least 06/05/07. The chiropractic travel card indicated that chiropractic manipulations were performed to the cervical, thoracic, lumbar, pelvic, and sacral regions. Furthermore, intersegmental traction and interferential therapies were provided, as well as a form of myofascial release documented as "muscle work".

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

The previous denial for the requested services is upheld. There is no medical necessity for ongoing physical therapy modalities as listed above during the dates of service between April, 2007 and June, 2007.

The ***Official Disability Guidelines*** indicate that ten visits over an eight week period is sufficient for a cervical spine injury. These visits occurred prior to ever entering the office of Dr. , upon entering the office of Dr., there was never any evidence that active care such as kinetic activity listed as CPT Code 97530 was ever documented on his treatment travel cards. The travel cards only documented passive modalities such as intersegmental traction, some form of myofascial therapy, and interferential therapy. It appears that the chiropractor is also treating the employee for a totally different diagnosis than the work related injury. Dr. suggested the claimant had a subluxation of the cervical, thoracic, and lumbar spine regions. Accredited chiropractic colleges suggest that the subluxation theory includes changes in joint dysfunction, loss of range of motion, and muscular changes due to everyday activities involved with activities of daily living. This treatment does not appear to be in any way related to the occupational incident in question. Nonetheless, the guidelines utilized by the ***Official Disability Guidelines*** which suggest that only ten visits over an eight week period are necessary for this type of cervical spine injury. Records do confirm that an MRI of the cervical spine revealed no abnormalities, confirming that this was little more than a self-limiting sprain/strain injury that occurred in xx/xx/xx, and by April, 2007, there was no medical necessity for ongoing passive physical therapy modalities.

The previous denial for CPT Code services 97012, 97530, and 97032 are upheld.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

A. ***Official Disability Guidelines***