

Clear Resolutions Inc.

An Independent Review Organization

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Amended 8/17/07

Notice of Independent Review Decision

DATE OF REVIEW:

8-13-2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy 3x a week for 4 weeks

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

Certified Chiropractor

AADEP Certified

Whole Person Certified

TWCC ADL Doctor

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology

Clinical practice 10+ years in Chiropractic WC WH Therapy

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

IRO request and forms, MDR Request, CESI report dated 7-05-2007, Pre-authorization summary, Pre-authorization determination 7-23-2007, Report MD 5-08-2007, Exam Injury Center Dr. 5-08-2007, re-evaluation 4-25-2007, FU Dr., Kinetics, Daily progress notes associated DOS, Diagnostics EMG/NCV report dated 1-24-2007, Lumbar MRI 12-29-2006, LOMN conductive garments, Initial

Injury Center MRI cervical spine dated 11-30-2006, Muscle stim LOMN fitting, FCE, 3-05-2007, LOMN stim unit

PATIENT CLINICAL HISTORY [SUMMARY]:

On xx/xx/xx, the injured employee was involved in an occupational injury and injured her neck, back, shoulders, and knee at work when she fell. MRI of the cervical spine was performed on 11-30-2006 and lumbar MRI on 11-29-2006. EMG/NCV reported left deltoid and left supraspinatus fibrillations. The injured employee was reported to be at MMI on 3-05-2007 with a 5% IR. On 5-31-2007, the injured employee underwent a CESI and post-injection therapy at 3 x2 weeks six sessions total with a HEP. Request for additional therapy has been denied.

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

The injured employee has recently undergone a CESI back on 5-31-2007 and completed 6 sessions of post-injection therapy with instructions in a home exercise program. The injured employee has apparently returned to a sedentary work duty as of 7-17-2007. Request for additional therapy is not warranted according to the ODG Physical Therapy Guidelines.

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)**