

IRO Express Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW:

December 31, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy 3 x 4 weeks

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

Chiropractor-11 years of treating patients in the Texas Workers' Compensation system as a level II approved doctor

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

No ODG Guidelines

Notes from DC dated 11/19/07

Notes from DC dated 12/4/07

Lumbar MRI dated 12/18/07 and 9/30/06

Notes from MD dated 10/12/06 and 10/30/06

Notes from MD dated 11/10/06

Operative report by MD dated 12/13/06, 12/27/06 and 1/10/07

Notes from MD dated 1/3/07

Lower extremity NCV/EMG dated 2/13/07

Operative report from MD dated 7/13/07, FCE dated 10/30/07 Notes from MD dated 12/4/07

Notes from DC dated 11/8/07 and 11/28/07.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was involved in a motor vehicle collision and was injured on xx/xx/xx. His vehicle T-boned a van that ran a red light, injuring his low back, right ankle and knee.

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

The 12 sessions of physical therapy are not reasonable or medically necessary according to the below referenced criteria. The Reviewer is in agreement with the peer review by DC dated 12/4/07, that the FCE on 10/30/07 showed the patient met the physical demand level of his job and therefore according to the Official Disability Guideline would suggest a self directed home exercise program to carry on in place of the therapeutic exercises and the other physical therapies since these are no longer medically necessary. Also, there are no "red flags" or compelling rationale that would substantiate medical necessity of additional supervised therapy over a self directed home exercise program. It is not reasonable to believe that the additional treatment would further improve an already positive outcome of the previous treatment. Therefore, the 12 sessions of physical therapy are not reasonable or medically necessary.

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)**