

**DATE OF REVIEW:** *February 19, 2007*

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

*Office visits and Chiropractic Manipulative Therapy.*

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

*Texas Approved Doctor's List Level II, Injury Prevention Specialist-Future Industrial Technology, 11 years of treating doctor experience in the Texas Workers' Compensation Commission system.*

**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.

*98943-Chiropractic Manipulative Therapy dos-6/23/06, 6/27/06, 8/11/06, 8/15/06, 8/17/06, 8/18/06, 12/05/06 not medically necessary*

*99213-office visits dos 6/23/06, 6/27/06 not medically necessary*

**PATIENT CLINICAL HISTORY [SUMMARY]:**

*This injured employee was injured on, when he was bent over at the waist and drilling into a metal electrical box with a high-powered drill, when the drill bit jammed and twisted his entire right upper extremity.*

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

*From the medical records provided and the below referenced criteria, the services in dispute, office visits and chiropractic manipulative therapy are not reasonable or necessary. From the history of the injury and the nature of the injury, chiropractic treatment is not necessary and the stated injury to the neck (sprain/strain) would resolve on its own within 6-8 weeks. Chiropractic treatment to the right wrist or hand is not reasonable; also rendering the office visits unreasonable or 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)**