

## Notice of Independent Review Decision

**DATE OF REVIEW:** 7/27/2007  
**IRO CASE #:**

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

97110 x 4 units - Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer earned his medical degree from Ross University, School of Medicine, in New York City. He is a member of the American Medical Association (AMA), the American Academy of Physical Medicine and Rehabilitation (AAPMR), the Physiatric Association of Spine, Sport and Occupational Rehabilitation (PASSOR), and the North American Spine Society (NASS). He has numerous publications and has worked as an associate physician in since 2004.

**REVIEW OUTCOME:**

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

Upheld	(Agree)
<input checked="" type="checkbox"/> Overturned	(Disagree)
Partially Overturned	(Agree in part/Disagree in part)

97110 x 4 units - Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility    Overturned

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Clinical note dated 07/09/2007
2. Clinical note by MD, dated 3/1/2007
3. Progress note by MD, dated 4/26/2007
4. Prescription note dated 5/1/2007
5. Follow up visit note by MD, dated 5/17/2007
6. Clinical note by MD, dated 5/21/2000
7. Clinical note dated 07/09/2007
8. Review organization note dated 7/6/2007
9. IRO request form dated 05/20/2007
10. Clinical note dated 05/04/2007
11. Request for reconsideration dated 05/25/2007
12. Request for a review dated 06/25/2007
13. Prescription note dated 05/01/2007
14. Clinical note dated 5/25/2007
15. Follow up visit note by MD, dated 5/17/2007
16. Clinical note by MD, dated 5/21/2000
17. Clinical note dated 5/11/2006
18. Progress note by MD, dated 4/26/2007
19. Clinical note by MD, dated 3/1/2007
20. Progress note by MD, dated 4/24/2007
21. Clinical note dated 5/24/2007
22. Clinical note dated 5/11/2006

Name: Patient\_Name

23. Clinical note by MD, dated 3/1/2007
24. Progress note by MD, dated 4/26/2007
25. Prescription note dated 05/01/2007
26. Follow up visit note by MD, dated 5/17/2007
27. Clinical note by MD, dated 5/21/2000
28. Clinical note dated 07/09/2007
29. Notice to utilization review dated 07/06/2007
30. IRO request form dated 05/20/2007
31. Clinical note dated 05/04/2007
32. Request for reconsideration dated 05/25/2007
33. Request for a review dated 06/25/2007
34. Prescription note dated 05/01/2007
35. Clinical note dated 05/25/2007
36. Clinical note by MD, dated 05/17/2007
37. Follow up visit dated 05/17/2007
38. Clinical note by MD, dated 05/21/2000
39. Clinical note dated 05/11/2006
40. Progress note by PT, dated 04/26/2007
41. Clinical note by PhD, dated 03/01/2007
42. Progress note by MD, dated 04/24/2007
43. Clinical note dated 05/24/2007
44. Clinical note dated 05/11/2006
45. Clinical note by PhD, dated 03/01/2007
46. Progress note by PT, dated 04/26/2007
47. Prescription note dated 05/01/2007
48. Follow up visit by MD, dated 05/17/2007
49. Clinical note by MD, dated 05/21/2000

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

This male is being followed for a work-related traumatic brain injury with subdural hematoma, ataxia, cognitive deficits, post-traumatic headaches, and neck pain with cervical radiculopathy. There was also a note of depression secondary to the chronic pain and the traumatic brain injury. He has been undergoing physical therapy in conjunction with his medical and psychological treatment. His provider has recommended 4 additional session of physical therapy. At this time, the additional physical therapy is under review.

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

This is a male who suffered from a traumatic brain injury resulting in cognitive deficits, posttraumatic headaches, neck pain and cervical radiculopathy. The request is for additional physical therapy.

After reviewing the clinical documentation available, it appears the injured worker has had 10 sessions of physical therapy but was denied his last 4 sessions as they fell out of the Official Disability Guidelines. According to the provider, he was not instructed in an appropriate home exercise program and since discontinuing his therapy he has regressed. The injured employee does continue to work as a security guard even though he is in pain. Although the 4 additional sessions fall outside of the ODG, current rehabilitation literature supports the use of continued physical therapy with transition to a home exercise program in individuals who have regression of symptoms. Given the injured worker's regression of his condition, an additional 4 sessions of physical therapy are medically indicated for instruction in a home exercise program and are necessary to prevent further regression of his condition.

Therefore, the previous denial of an additional 4 sessions of physical therapy is overturned.

**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

Name: Patient\_Name

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

- X** PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Physical Medicine and Rehabilitation, 2nd Edition, Braddom