

IRO America Inc.

An Independent Review Organization
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DATE OF REVIEW:

JUNE 8, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy (3 X 6 weeks)

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

M.D. Board Certified Orthopedic Surgeon

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Case notes

Office notes, Dr.,

Work status form, 10/10/06 and 10/18/06

Office note, Dr., 01/18/06

Office notes, Dr., 11/14/06, 12/12/06.0-1/16/07, 02/08/07, 02/13/07, 03/27/07 and 05/08/07

Lumbar spine MRI, 12/19/06

Office note, Dr., 01/24/07, 02/14/07, 04/03/07 and 05/01/07

Physical therapy note, 02/07/07, 02/09/07, 02/14/07, 02/16/07, 02/19/07, 02/21/07, 02/23/07, 02/26/07, 02/28/07, 03/02/07, 03/07/07, 03/09/07 and 03/12/07

Peer review, Dr., 04/09/07

Letter, Dr, 04/10/07

Chiropractic note, 04/11/07

EMG, 04/18/07

Narrative from Dr., 04/23/07

Initial chiropractic record, 04/23/07

Therapy denial and request for IRO, 05/16/07

Notice of agreement, 05/21/07

Letter from Attorney, 05/22/07 and 06/04/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who reported that he developed lower back pain after a lifting a bag of cement. He came under the care of Dr. for complaints of midline low back pain. He was initially treated with work restrictions and medications. Dr. noted that the symptoms had resolved and that the claimant had reached maximum medical improvement with no permanent impairment.

On 11/14/06 the claimant was evaluated by Dr. reporting that he had an initial improvement and then symptoms became worse. On examination there were no motor reflex deficits but straight leg raise was reported as positive bilaterally. On 12/19/06 the claimant had a lumbar MRI that showed an L4-5 broad herniation with mild bilateral facet arthritis and mild right foraminal narrowing. He was treated with medications and referred for therapy.

In January of 2007 the claimant was seen by Dr. for pain management. On the 01/24/07 visit strength was normal as were reflexes. A transcutaneous electrical nerve stimulation and therapy were recommended. Records indicated that the claimant treated in February and into March of 2007 with therapy and completed fifteen visits. On the 03/27/07 and 04/03/07 visits he still reported pain in the back and also bilateral leg pain. It was recommended that therapy be continued and that he undergo an epidural steroid injection. Therapy was denied.

Additional medical records from Dr., Dr. and Dr. in 04/07 and 05/07 noted ongoing pain complaints without change in the physical examinations. On 04/18/07 the claimant had an EMG that failed to show radiculopathy or neuropathy. All physicians' recommended ongoing therapy and a dispute resolution was filed.

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

The claimant is a gentleman who was being treated for low back complaints. He was injured and I have done a previous 03/09/07 review in reference to ongoing physical therapy three times a week for six weeks. There are further records to

review including records by his treating practitioners documenting ongoing back complaints as well as a 04/18/07 EMG documenting no evidence of a radiculopathy. There are chiropractic records to review. There is nothing documented in these medical records showing progressive neurologic deficit, worsening of the claimant's condition, ongoing protective muscle spasm or progressive loss of function.

The Reviewer does not see the medical necessity for ongoing physical therapy three times a week for six weeks. The patient is now eight months after his onset of pain and has undergone therapy along the way and by now in light of the lack of progressive worsening of his condition, he should be well versed in home exercises. The Reviewer therefore sees no medical indication for ongoing physical therapy three times a week for six weeks.

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)