mcmc
managing care. managing claims.
88 Black Falcon Avenue, Suite 353 Boston, MA 02210 (T) 800-227-1464 (F) 617-375-7777

IRO REVIEWER REPORT TEMPLATE –WC

DATE OF REVIEW:
06/07/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Physical therapy three times a week for four weeks.

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

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

Upheld (Agree)

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.
The medical necessity for the requested course of physical therapy three times per week for four weeks is not established.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
- MCMC: Case Report dated 05/23/07
- MCMC: Referral dated 05/23/07
- Records Release Form dated 05/30/07
- DWC: Notice to MCMC, LLC of Case Assignment dated 05/23/07
- DWC: Notice To Utilization Review Agent of Assignment of Independent Review Organization dated 05/23/07
- DWC: Confirmation of Receipt of a Request For a Review dated 05/21/07
- Request for IRO dated 05/15/07 from Dr.
- LHL009: Request For A Review By An Independent Review Organization dated 05/14/07
- Notification of Determination dated 05/14/07, D.C.
- Center: Letter of Medical Necessity dated 05/14/07 from, M.D. with attached chart note dated 05/14/07
- Affidavit dated 05/04/07
- Associates: Request for Reconsideration dated 05/04/07 from Dr.
- Notification of Determination dated 05/03/07 from
- Associates: Pre-Authorization Requests dated 04/30/07, 03/28/07

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- Associates: Examination Narrative Report dated 04/27/07 from Dr.
- MRI lumbar spine dated 04/26/07
- Associates: Functional Capacity Exam dated 03/29/07 from Dr.
- Associates: Report dated 03/28/07
- Center, M.D., P.A.: Report dated 03/27/07 from, M.D.
- Associates: Initial Visit report dated 03/21/07 from Dr.

PATIENT CLINICAL HISTORY [SUMMARY]:
Records indicate that the above captioned individual is a female who presented to the office of the attending physician (AP) on or about xx/xx/xxxx complaining of low back pain. The history reveals that the above captioned individual reported a low back injury that allegedly occurred on xx/xx/xx as a result of lifting and twisting during the course of her normal employment. The injured individual has already participated in a 16-visit course of physical therapy prior to the course of care in question. A Functional Capacity Exam (FCE) examination was attended on 03/29/2007 to determine work readiness. The report indicates that the injured individual reported pain levels of 4-6/10, decreased ranges of motion and decreased muscle strength. A follow-up examination dated 04/27/2007 revealed pain levels of 6/10 with continued decreased muscle strength and decreased but near normal ranges of motion. MRI examination dated 04/26/2007 revealed disc bulging and foraminal stenosis of the lumbar spine. An examination with a pain management doctor dated 05/14/2007 revealed that the injured individual reported pain levels of 8-10/10 and continued issues with ranges of motion.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
The documentation fails to establish the medical necessity for the application of the additional requested course of continuing physical therapy. Specifically, the injured individual has already completed some 16 sessions of physical therapy, which apparently commenced around 03/29/2007. Serial re-examinations did not demonstrate that the injured individual exhibited satisfactory and progressive therapeutic gain. Serial examinations from 03/29/2007 to 04/27/2007 revealed increased ranges of motion to near normal levels, however pain levels continued to be moderate to severe. Pain levels from 03/29/2007 to 04/27/2007 were increased from 4 to 6/10 and a follow-up examination dated 05/14/2007 revealed further increased pain levels to 8-10/10. This indicates a lack of demonstration of subjective progress. Furthermore, there are no submitted daily notes from the initial course of physical therapy to ascertain if the injured individual was satisfactorily responding to the initial course of physical therapy. Lastly, the requested additional course of physical therapy would exceed the guidelines of the American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG), both of which favor a short course of physical therapy and favor a return to work and/or home therapy over provider driven care.

As such, the medical necessity for the additional application of the requested course of physical therapy is not established.

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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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES