



DATE OF REVIEW: 05/31/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Six additional sessions of physical therapy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Board Certified

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Report dated 03/26/07 from initial review
2. Report dated 04/03/07 from reconsideration/appeal review
3. Report dated 03/26/07 from treating doctor
4. Report dated 03/21/07 from physical therapist referred by treating doctor
5. Initial evaluation from physical therapist dated 02/22/07
6. MRI scan report of 02/14/07 with impression of congenital block vertebra formation at C2/C3, moderate neural foraminal narrowing at the left C5/C6 with borderline acquired canal dimensions and right neural foraminal narrowing, mild to moderate left neural foraminal narrowing at C6/C7, and borderline acquired canal dimensions
7. Report dated 02/07/07 from TD, which appears to be have been his initial contact with the injured employee

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

It appears as though the injured employee was lifting bags of coins at her work when she developed pain in her neck on xx/xx/xx. She was also complaining of radicular symptoms down her right arm. She was evaluated by physical exam and ultimately at physical therapy and with an MRI scan of the cervical spine. The physical therapy progress notes indicated that she was improving. The therapy consisted of electrical muscle stimulation, heat, ultrasound, and therapeutic exercises.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

The injured employee had adequate exposure to physical therapy, and there were no updated progress notes or physician notes to suggest that additional physical therapy was going to alter her progress. She no longer required passive modalities. Use of a functionally based home exercise program would have been reasonable. According to physical therapy notes, she received instruction in that approach.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)