



IRO#
5068 West Plano Parkway Suite 122
Plano, Texas 75093
Phone: (972) 931-5100
Fax: (888) UMD-82TX (888-863-8289)

DATE OF REVIEW: JUNE 4, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

14 visits of physical therapy (97139 unlisted therapeutic procedure code).

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

Board certified Orthopaedic Surgeon, licensed in the State of Texas, and DWC ADL Approved.

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)

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Physical therapy – 14 visits	97139		Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Record Description	Record Date	Pages
1. - utilization review decision - denial	04/18/2007	2
2. – Dr. – appeal letter	04/30/2007	1
3. – utilization appeal decision – partial approval	05/02/2007	1
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured in a. According to Dr 4-30-07 and 5-2-07 notes finalize in complaints of neck and possibly LBP with associated arm pain. Although initially approved for 1-2 education sessions per ACOEM Guides ultimately 10 sessions were approved and completed. There is no other additional information as to why more of the same is necessary. It is concluded that the diagnosis remains musculoskeletal pain of undetermined etiology consistent with a whiplash type disorder very common to a MVA now some 2-3 months in age.

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

The submitted request for 14 sessions (for a total of #24 visits) is not consistent with EBM as noted above. The submitted medical is insufficient as to any co-morbid or varying health conditions for which to vary from recommended guidelines.

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

The current and applicable online version of ODG notes:

"Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapist, to avoid debilitation and further restriction of motion. (Rosenfeld, 2000) (Bigos, 1999) For mechanical disorders for the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. (Philadelphia, 2001) (Colorado, 2001) (Kjellman, 1999) (Seferiadis, 2004)

Physical therapy seems to be more effective than general practitioner care on cervical range of motion at short-term follow-up. (Scholten-Peeters, 2006) In a recent high quality study, mobilization appears to be one of the most effective non-invasive interventions for the treatment of both pain and cervical range of motion in the acutely injured WAD patient. (Conlin, 2005) A recent high quality study found little difference among conservative whiplash therapies, with some advantage to an active mobilization program with physical therapy twice weekly for 3 weeks. (Kongsted, 2007) See also specific physical therapy modalities, as well as Exercise. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Cervical Strain (WAD): 10 visits over 6 weeks.

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: the Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 05/01/2007.