

P-IRO Inc.

DATE OF REVIEW:

MARCH 23, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

98940-Chiropractic Manipulative Therapy, 97035-Ultrasound, 97140-Joint Mobilization, 97016-Vasopneumatic Device for 12 visits from 2/06/2007 through 4/06/2007

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

Licensed Chiropractor

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

Notes from DC starting from 1/15/2007; notes dated 2/14/2007; Right ankle MRI dated 1/21/2007; Hospital notes dated 1/11/2007; notes from Center dated 1/10/2007; peer review from DC dated 2/13/2007 peer review from DC dated 1/29/2007.

PATIENT CLINICAL HISTORY [SUMMARY]:

This Patient was injured while working as a truck driver. The injured employee was pulling a manual operated pallet jack full of bags of dog food, when she approached the end of the truck, she could not stop the pallet and it pushed her off the back of the semi-truck. The Patient's ankle was caught under the pallet as she fell backwards out of the truck. She hung from her ankle until she was freed and then fell approximately 4-5 feet to the pavement injuring her right wrist and lumbar area.

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

From the records reviewed and the history of the injury, the treatment in dispute appears to be reasonable and medically necessary according to the below referenced criteria. The treatment of the Chiropractic manipulative therapy, ultrasound, vasopneumatic device, joint mobilization all appear to be reasonable treatment with a high positive outcome probability and the dates in dispute appear to be within a timely manner of the date of injury.

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)