

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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**DATE OF REVIEW:** March 9, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

12 visits of physical therapy at 3 times a week for 4 weeks. (97110, 97140, 97530)

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

Diplomate of the American Chiropractic Neurology Board

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Medical records from the Requestor include:

- , 10/16/06, 01/23/07, 02/22/07
- , 01/12/07
- , 01/16/07

Medical records from the URA include:

- , 10/16/06, 01/23/07, 01/29/07
- , 01/12/07
- , 01/16/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient reportedly was in the bucket of a crane and had something fall on the top of his head. He has cervical, thoracic, and lumbar complaints. He does have Schmorl's nodes in the thoracic and lumbar spine. He has had some improvement overall in treatment. Reportedly, approximately 12 more visits have been requested and denied.

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

Based on my review of the information, 12 additional visits of therapeutic exercise (97110) and kinetic therapy (97530), one unit each, would be reasonable and necessary, with a recommendation to provide home exercises beyond that point. Manual therapy (97140) is not reasonable and necessary as it should have been discontinued after 4 to 6 weeks. This is based on Guidelines for Chiropractic Quality Assurance, Physical Therapy Guidelines, and Occupational Disability Guidelines, and based on complicating factors of the Schmorl's nodes and positive outcomes of treatment thus far.

**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)**