

Clear Resolutions Inc.

IRO REVIEWER REPORT TEMPLATE -WC

DATE OF REVIEW:

MARCH 21, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy 3x per week for 2 weeks 6 sessions consisting of massage therapy 2 units, aquatic therapy 4 units of left shoulder and land based therapeutic exercise 2 units

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

Certified

Whole Person Certified

TWCC ADL Doctor

Certified Practitioner

Member of

Clinical practice 10+ years

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

Request IRO form 3-01-2007, pre-auth dated 2-09-2007 and 1-25-2007, TDI letter dated 3-07-2007, letter dated 3-08-2007 MRI left shoulder, MRI cervical spine dated 1-22-2006, MRI cervical spine, EMG/NCV, letter to Dr. dated 2-08-

2007, Rehab letter dated 3-12-2007, re-evaluation narrative dated 1-15-2007, consult dated 3-06-2007, MRI cervical spine dated 2-07-2007.

PATIENT CLINICAL HISTORY [SUMMARY]:

On the Patient was involved in an occupational injury while lifting a stretcher with a patient weighing approximately 185-195 lbs. The Patient was working for the as a fire fighter/EMT. The Patient was seen by Dr., orthopedic surgeon. On xx-xx-xx, the Patient had undergone an EMG/NCV. On xx-xx-xx, MRI of the cervical spine was performed. MRI of the left shoulder was performed. On 1-22-2006, second opinion MRI of the cervical spine was performed. On 2-07-2007, a repeat MRI of the cervical spine was performed. On 2-22-2007, the Patient was referred to Dr. The injured employee is currently pending a follow-up with the Neurosurgeon for the determination of surgery.

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

The injured employee was involved in an injury. The injured employee reported an injury to the cervical spine and left shoulder. The injured employee underwent advanced diagnostics and was referred to an Orthopedic surgeon, who recommended surgery. The injured employee was referred to a Neurosurgeon who also recommended surgery. However, prior to that the injured employee was undergoing treatment for Hodgkin's Lymphoma, which has been in remission since December 2006. Additionally the injured employee is currently suffering from an exacerbation, which treatment is being requested for. The Reviewer agrees that 6 sessions of physical therapy as listed above are medically necessary and fall within the guidelines for treatment based on the Patient's circumstance as detailed above.

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)