

RYCO MedReview

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 03/23/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Twelve visits of physical therapy over four weeks

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

Licensed by the Texas State Board of Chiropractic Examiners

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

A daily SOAP note from an unknown provider (no name or signature was available) dated xx/xx/xx and 11/16/06

Preauthorization requests from (no credentials were listed) dated 01/23/07 and 01/31/07

Letters of non-authorization from, Utilization Review Nurse at, dated 01/29/07 and 02/14/07

An evaluation with another unknown provider (no name or signature was available) dated 01/30/07

PATIENT CLINICAL HISTORY [SUMMARY]:

On xx/xx/xx and 01/31/07, Dr. wrote preauthorization requests for physical therapy three times a week for four weeks. Ms. wrote letters of non-authorization for the physical therapy on 01/29/07 and 02/14/07.

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

Based upon the supplied documentation, the requested 12 physical therapy visits over four weeks would be denied as there is insufficient documentation provided indicating what prior treatment has been performed and the outcomes associated with such prior treatment. It would be impossible for me to make a recommendation for active rehabilitation based upon the initial examination on xx/xx/xx and one reevaluation on 01/30/07. There is notation in the documentation for initial request for active rehabilitation from Dr. office indicating he had gone through a series of active rehabilitation prior with a negative outcome, but again there is no documentation demonstrating when that was performed, the length of time it was done, and what the actual outcome was. Therefore, based upon the ACOEM Guidelines, the request cannot be granted for active rehabilitation three times per week for four weeks without appropriate documentation and clinical history showing the outcome of prior trials.

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)