

DATE OF REVIEW: 5/23/07**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Chiropractic treatment to include therapeutic exercise, to bilateral knees, lumbar spine and left shoulder 3x wk x 4 wks.

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

This case was reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal.

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)

Primary Dx Code	HCPCS	Type Review	DOS	Amt Billed	Date of Injury	Uphold / Overturned
840	97110	Prospective	4/5/07-5/7/07	\$1200		Overturned
844	97110	Prospective	4/20/07-5/21/07	\$1200		Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for Independent Review by an Independent Review Organization forms – 5/8/07
2. Determination Notices – 4/5/07, 4/20/07
3. Records and Correspondence from Chiropractic Clinic – 3/17/07-5/9/07
4. Records and Correspondence from DC – 3/29/07

5. Records and Correspondence 3/31/07
6. Records and Correspondence from Hospital – 12/7/06
7. Records and Correspondence from Services, Inc. – 4/2/07
8. Records and Correspondence from DC – 4/19/07

PATIENT CLINICAL HISTORY:

This case concerns an adult male who sustained a work related injury. Records indicate that while attempting to remove a fallen tree from a water site along a river, sank to his waist due to the silted riverbed. The records also indicate that he injured his left shoulder, low back and both knees during rescue by a fire department. Diagnoses have included lumbar sprain/strain, shoulder strain/sprain, bilateral knee derangement and chondromalacia. Evaluation and treatment for this injury has included an MRI.

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

The MAXIMUS chiropractor consultant indicated that an evaluation performed on 3/19/07 shows only mild decreases in range of motion. The MAXIMUS chiropractor consultant noted he also had a physical performance evaluation (PPE) evaluation on 3/29/07 which showed very different range of motion from where the patient was 10 days earlier. The MAXIMUS chiropractor consultant explained that the left shoulder has flexion of 100 degrees on 3/19/07 and 12 degrees on 3/29/07. The MAXIMUS chiropractor consultant also explained that extension was reported at 30 degrees on 3/19/07 and 173 degrees on 3/29/07. The MAXIMUS chiropractor consultant indicated that the validity of the PPE is in serious doubt. The MAXIMUS chiropractor consultant noted the PPE reported straight leg raises at 43 degrees and 38 degrees and the treating doctor reported straight leg raises at 90 degrees on each leg. The MAXIMUS chiropractor consultant indicated the hip flexion was 13 degrees which means the member was stuck in extension. The MAXIMUS chiropractor consultant noted the physical demand level (PDL) rating cannot be acceptable because the evaluation was not acceptable. The MAXIMUS chiropractor consultant indicated the patient has had no formal chiropractic treatment or therapy (exercise) to date. The MAXIMUS chiropractor consultant noted he has had only evaluations and an MRI of the knees that was negative for damage other than a pre-existing condition. The MAXIMUS chiropractor consultant explained that the patient's strength is less than acceptable in the upper extremity and his pain level is described as 7 on a scale of 1-10. The MAXIMUS chiropractor consultant indicated that the patient requires a trial of chiropractic treatment (manipulation and therapeutic exercises) for 4 weeks at which time another physical performance evaluation will be indicated to determine progress. The MAXIMUS chiropractor consultant indicated the patient suffered trauma that put stresses on his large body and he requires chiropractic services as an opportunity to recover from the 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 KNOWLEDGBASE

- 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)**