



DATE OF REVIEW: May 3, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Therapeutic exercises, myofascial release, EMS/vasopneumatic device. The request is for 3 times a week for 3 weeks.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Chiropractor licensed in the state of Texas.

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW

1. TDI referral
2. URA initial rejection, March by, DC
3. URA second rejection, March 22, 2007 by, DC
4. FCE by, DC, February 23, 2007
5. Request for PT by, DC

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient was injured on the job and is a work comp patient under the care of, DC. The patient was injured on her job when she was walking on a carpeted floor and fell, causing reports of injury to her left knee and ankle, with some lumbar involvement. No MRI, CT, plain film or other imaging results are presented. This case is presented as a life-threatening case through TDI. The FCE indicates pain levels of 6 to all injured areas except the lumbar spine, which was rated at 7, all being on a scale with 10 as maximum pain level. Her date of injury.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

There is no basis in fact for this to be considered a life-threatening emergency. The case is nearly years old with the same injuries and no valid indication of cauda equine syndrome or other surgical emergency. This patient, years after an injury that appears to be soft tissue related, continues to have very high levels of pain and is unable to perform reasonably on a FCE, particularly on the treadmill, which was only utilized by the patient for 3 minutes. All of these factors indicate a likely scenario of system dependency in some fashion, but does not give an indication of the necessity of physical medicine as a life-threatening emergency. Further, physical medicine is not indicated in this patient at this time. There is no documentation that would give an indication that this patient has suffered re-injury or a new injury and there is no indication of a goal oriented, end of treatment strategy. Necessity for this care has not been established by the requestor of this treatment utilizing even the most generous of treatment criteria.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)