

# IRO America Inc.

An Independent Review Organization  
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**DATE OF REVIEW:** *November 4, 2007*

**IRO CASE #:**

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

*Post OP--15 sessions of physical therapy 97110-therapeutic exercise, 97112-neuromuscular reeducation, 97140-manual therapy, 97530-therapeutic activities, and 97035-ultrasound.*

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

*A Chiropractor with 11 years of treating patients in the Texas Workers' Compensation system as a level II approved treating doctor*

## **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)

The 97110-Therapeutic Exercises are medically necessary.  
The 97530, 97140, 97112, and 97035 are not medically necessary

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

No ODG Guidelines, Notes from DC dated 10/19/07, notes dated 10/12/07, notes from DC dated 3/12/07, 6/4/07, 8/1/07, 8/16/07 and 10/1/07, notes from Associates dated 4/4/07, 3/26/07 and 8/3/07, upper extremity NCV/EMG dated 3/27/07, MRI right wrist, elbow and shoulder dated 3/15/07, and notes from Surgery Center dated 5/17/07.

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient was injured on xx/xx/xx and injured his right wrist and elbow while using a buffing machine.

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

The 15 sessions of physical therapy 97110-therapeutic exercise, 97112-neuromuscular reeducation, 97140-manual therapy, 97530-therapeutic activities, and 97035-ultrasound are in part reasonable and necessary. The Reviewer agrees that the 97110 would be reasonable and medically necessary for this type of injury and after the completion of the 15 sessions. However, the 97112, 97140, 97530, and 97035 are not reasonable or medically necessary and would be redundant enough treatment that it would not produce any positive outcomes outside of what the 97110 would do. Passive treatment also is not reasonable at this point as this would cause chronicity, doctor dependency and possibly even over utilization.

**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)