

P&S Network, Inc.

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DATE OF REVIEW: November 30, 2007

IRO CASE #:

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

This case was reviewed by a chiropractor, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient chiropractic manipulation/evaluation/management 3-4 visits and 12 sessions physical therapy for the left shoulder/cervical/thoracic spine at Cy-Fair Healthcare Associates

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were not provided to the IRO.
- o November 16, 2007 prospective review response from o
- o October 31, 2007 utilization review letter from
- o November 9, 2007 utilization review letter from
- o November 5, 2007 Texas Workers' Compensation Works Status Report by, D.C.
- o November 8, 2007 preauthorization form from
- o October 24, 2007 pre-authorization request from, D.C.
- o October 31, 2007 appeal report by, D.C.
- o October 30, 2007 preauthorization form from

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records, the patient sustained an industrial injury on xx/xx/xx with a diagnosis of supraspinatus sprain/strain. On October 31, 2007, the above captioned request was non-certified in peer review as the patient had completed the Official Disability Guidelines level of care and the documentation failed to demonstrate adequate functional improvement or special circumstances to warrant a greater intensity of supervised therapy.

An appeal was submitted in a report dated October 31, 2007. The appeal letter states that the treating doctor was not given appropriate time to respond to a phone call by the reviewing doctor and the attached report states that the patient presented with complaints of constant, severe pain, stiffness, and muscle spasm affecting the cervical, thoracic, and particularly the left paraspinal areas of left shoulder. The patient stated that she had previously received medical treatment for thoracic pain with injection therapy. She reportedly had a steroid injection in the mid-back in April 2007. Examination findings included notations regarding vital signs, cranial nerves, and cardiorespiratory information.

A November 9, 2007 utilization review letter rendered a non-certification with a rationale stating that the records submitted do not show substantial continued improvement in the patient's symptoms, functional status, objective findings, or work status. The

report notes that the claimant has been referred for an MRI for the left shoulder, cervical spine, and thoracic spine. A November 16, 2007 prospective review response report states that the patient, who is, received 13 sessions of chiropractic care, 12 sessions of physical therapy, and a steroid injection to the mid back area. Diagnostic x-rays of the cervical, thoracic, and lumbar areas reported no evidence of fractures or subluxations. The report notes that the claimant has completed treatment in accordance with the Official Disability Guidelines level of care for soft tissue type of injury. Daily SOAP notes from the provider failed to demonstrate any objective findings to support additional 13 chiropractic sessions and 12 sessions of physical therapy as requested by the doctor. The report states that the information provided does not indicate whether the claimant is involved in a home exercise program. The records failed to demonstrate any special circumstances to warrant a greater intensity of supervised therapy. The report mentions that the patient does not present with significant objective findings and is already working full time without restrictions.

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

The xx/xx/xx report does not state a work status of the patient. However, the records contain a xxxx work status report that provides various restrictions for the patient. There are indications in the peer review reports that the patient had been working full duty. The medical records fail to document that the patient has decreased work restrictions or has been advanced to full duty status as a result of the previous chiropractic/physical therapy visits. In addition, the medical records fail to document clear examination findings demonstrating functional objective improvement between the initial visit and reevaluation as a result of the chiropractic/physical therapy visits. As noted in the Official Disability Guidelines, continuation of manipulation for cervical spine disorders is only indicated if there is evidence of functional restoration over the course of the initial two to three weeks. Further, physical therapy for cervical spine sprain/strains and shoulder sprain/strain, for which the patient has been diagnosed, is only indicated for 10 visits over the course of eight weeks. Therefore, my determination is to uphold the previous decisions to non-certify outpatient chiropractic manipulation/evaluation/management 3-4 visits and 12 sessions physical therapy for the left shoulder/cervical/thoracic spine at Healthcare

The IRO's decision is consistent with the following guidelines:

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

According to the Official Disability Guidelines (2007), cervical manipulation is recommended as an option. In limited existing trials, cervical manipulation has fared equivocally with other treatments, like mobilization, and may be a viable option for patients with mechanical neck disorders. However, it would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Physical therapy is recommended for cervical sprain/strain and sprained shoulder/rotator cuff, 10 visits over 8 weeks.