

IRO Reviewer Report

Date of Review: 10/03/07

IRO Case #:

Description of the Service or Services in Dispute:

Physical therapy 2 x per week for 2 weeks

A Description of the Qualifications for Each Physician or Other Health Care Provider Who Reviewed the Decision:

The TMF physician reviewer is board certified in general practice, is on the TDI-WC approved doctor's list, and is familiar with the treatment or proposed treatment.

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.

It is determined that the physical therapy 2 x per week for 2 weeks is not medically necessary to treat this patient's condition.

Information Provided to the IRO for Review:

- Information for requesting a review by an IRO – 09/07/07
- Physical therapy preauthorization request – 08/10/07
- Notice of Intent to Issue an Adverse Determination – 08/15/07
- Notice of Utilization Review Findings – 03/05/07, 04/02/07, 06/25/07, 07/23/07, 08/16/07, 09/06/07

- Reconsideration: Physical Therapy Pre-authorization Request – 08/29/07
- Letter of agreement – 08/30/07
- Acknowledgement of Reconsideration Request – 08/30/07
- Physical therapy evaluation – 07/09/07
- Physical therapy progress notes – 07/09/07 to 08/09/07
- History and physical by Dr. – 07/03/07
- Office visit notes from Dr. – 07/17/07 to 08/28/07
- Employer's First Report of Injury or Illness
- Notification of Change in Amount of Indemnity Benefit Payment – 08/23/07
- Notice of Disputed Issue(s) and Refusal to Pay Benefits – 05/23/07
- Designated Doctor Evaluation – 08/22/07
- Dictionary of Occupational Titles Residual Functional Capacity Battery – 08/29/07
- Report of Medical Evaluation 08/22/07
- Individual Psychotherapy Note – 07/25/07 to 08/23/07
- History and Physical by Dr. – 07/30/07
- Prescription for EMG/NCV left leg – no date
- Lower extremity nerve conduction study with EMG – 07/13/07
- Initial Behavioral Medicine Consultation – 07/12/07
- Report of MRI of the lumbar and thoracic spine – 05/07/07
- Preliminary Report by Dr.– 06/12/07
- Office visit notes by Dr.– xx/xx/xx to 04/20/07
- Physical therapy notes by Therapy – 02/21/07 to 04/12/07
- Therapy Treatment Plan 02/21/07 to 03/31/07
- Claims information

Patient Clinical History [Summary]:

This patient sustained a work related injury on xx/xx/xx when she was walking through a doorway and got caught in a mechanical door. This resulted in mid to low back pain with numbness to her left leg and left arm. The patient has been treated with physical therapy.

Analysis and Explanation of the DECISION INCLUDE clinical basis, Findings and Conclusions Used to Support the Decision:

At the time of the injury, this patient was treated with multiple modalities, including physical therapy. She had numerous sessions and months later she continues to have pain. Appropriate consultations have been obtained and this does not appear to be a surgical problem. While therapy may be beneficial in the early phases of a musculoskeletal injury, the studies are consistent that continuing treatment with late term therapies is at minimal to no benefit.

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
- AHCPH - 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 judgment, 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)