

IRO REVIEWER REPORT

DATE OF REVIEW: 10/16/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 sessions of physical medicine

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

The TMF physician reviewer is a board certified chiropractor who 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 12 sessions of physical medicine 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 – 09/19/07
Letter of determination– 07/10/07, 08/27/07
Claim notes– 07/03/07 to 08/24/07

Office visit notes from Chiropractic – 06/04/07 to 07/03/07

Note: The URA/carrier referenced the online ODG Physical Therapy Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury when the vehicle she was driving was hit from behind and spun around 360 degrees. She was diagnosed with lumbar strain, and thoracic strain. She has been treated with chiropractic care including physical therapy.

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

As of May 1, 2007, the state of Texas adopted the ODG's as their official treatment guidelines. These guidelines are to be utilized for workers injured on the job in the state of Texas. Exceptions to the ODG's are rare. Treatment outside the ODG's is only in the extra-ordinary situations where sufficient documentation has been provided. In addition to this documentation, another nationally recognized treatment guideline must be utilized to justify treatment outside the recommendations.

The ODG's allow up to 10 sessions of physical therapy over a course of 5 weeks with visits diminishing from a frequency of 3x a week to 1x per week. The guidelines stress the importance of proper instructions and progression to a home exercise program. The information in the medical record documentation presented for review did not provide any pre/post range of motion measurement, manual muscle testing, orthopedic testing, or sensory/motor testing that would indicate that the patient demonstrated significant improvement as a result of the 10 therapy visits and that additional care was needed or was medically necessary.

Therefore, based upon the ODG's, the proposed 12 sessions of physical medicine are not medically necessary to treat this patient's condition.

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)