

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
7502 GREENVILLE AVENUE
SUITE 600
DALLAS, TEXAS 75231
(214) 750-6110
FAX (214) 750-5825

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy: (CPT Code #97110) Therapeutic exercises; (CPT Code #97140)
Manual therapy

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

Diplomate of the American Chiropractic Neurology Board

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier include:

- P.C., 10/08/07
- Health Care Systems, M.D., 05/21/07, 05/25/07, 06/01/07
- Health Care Systems, P.T., 05/22/07, 05/24/07, 05/29/07, 05/31/07, 06/05/07

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- Wellness Care, D.C., 06/06/07, 06/13/07, 06/29/07, 07/06/07, 07/09/07, 07/12/07, 07/16/07, 07/18/07, 07/20/07, 07/25/07, 07/26/07, 07/31/07, 08/28/07, 09/14/07
- Evaluation Centers, M.D., 08/03/07, 08/14/07
- M.D., 07/30/07
- Imaging Center, M.D., 06/11/07
- Specialty Clinic, M.D., 06/13/07, 08/15/07
- 09/04/07, 09/20/07
- D.C., 09/19/07
- Official Disability Guidelines, 2007

Medical records from the Requestor include:

- Care Center, M.D., 07/05/07, 08/23/07
- Evaluation Centers, M.D., 08/03/07, 08/14/07
- Specialty Clinic, M.D., 08/15/07
- Wellness Care, D.C., 09/14/07

PATIENT CLINICAL HISTORY:

I have reviewed the following information regarding a physical therapy request from D.C., on August 31, 2007.

The patient was a worker who had a knee injury. He has undergone physical therapy and medications.

The patient then presented to D.C., on June 6, 2007, and had further physical therapy.

The patient did see M.D., for a designated doctor evaluation on August 3, 2007. Dr. diagnosed a right internal knee derangement. She indicated that the patient would be at maximum medical improvement on October 3, 2007, as the patient was still undergoing physical therapy and steroid injections.

Injections to the right knee were performed by M.D. on August 23, 2007.

Dr. preauthorization request for additional physical therapy three times a week for four weeks was reviewed by D.C. The request was denied citing the Official Disability Guidelines.

I have reviewed notes from Dr. as well.

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

The request is for further physical therapy that includes therapeutic exercises and manual therapy. Based on the fact that the patient is unresponsive to care overall, including physical therapy, further supervised physical therapy would not be considered reasonable or necessary in this case as it has not proven curative or palliative in nature. The Official Disability Guidelines again indicate no more than 12 sessions in this case. Further treatment beyond this would not be considered necessary. I uphold the reviewer's decision to deny further preauthorization for physical therapy.

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

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- 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)**