



Amended October 12, 2007

REVIEWER'S REPORT

DATE OF REVIEW: 10/10/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy modalities including CPT codes 97012, 97110, 97140, 97035, 97032 and 97002.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C. with 27 years of clinical practice, board certification in Manipulation Under Anesthesia and Clinical Tomography, certified as a Chiropractic Sports Physician and certification in Peer Review.

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

Approximately 95 pages of documentation, which included but was not limited to approximately nine pages of request for IRO, two pages from an initial medical provider denying the request, two pages from another medical provider denying the request at the appeal stage, five pages of DWC-73 forms for return to work status, and five pages of handwritten notes from Therapy (it should be noted that the daily notes, DWC forms, and the utilization review request and appeals were submitted in approximately quadruplicate), three pages of evaluation from Therapy dated 08/16/07, and other ancillary information.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This case revolves around a lady who was injured. It was reported that the injured worker was looking for a file in the file room and was lifting boxes from the top of a cabinet in order to look for the file. In the process, the employee injured her lower back. The employee initially returned to work on light duty with no lost time. On approximately 06/04/07 the employee was taken off work by a doctor. An MRI scan performed on 06/11/07 revealed mild degenerative disc disease with mild broad-based annular disc bulge at L5/S1.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

In reviewing this case, I utilized ODG, Official Disability Guidelines, as did the utilization review doctors. However, I also took into consideration the Texas Labor Code, specifically Section 408.021. I also took into consideration my 27 years of clinical practice and medical judgment.

While the utilization of the ODG Guidelines by the Peer Review doctors is accurate, one must consider that, as the title states, these are guidelines, and the clinician must use clinical judgment as when to supersede these guidelines for patient benefit. In such cases I always refer to the Texas Labor Code, Section 408.021, which states that the definition of medical necessity is relief or cure of symptoms or signs related to a compensable injury.

Unfortunately, the only delineation in any progress or daily note of patient tolerance for pain utilizing either visual analog scale or other scale such as Oswestry is for a daily note on 08/16/07. On that visit the clinician gave some indication as to range of motion parameters, pain levels such as 3/10 at rest and 5/10 with activity, and other specific complaints, both subjective and objective. The records provided a return to work status form, DWC-73, and a handwritten daily note, which typically stated that the patient was improving without any clinical, subjective, or objective factors. As such, there was no way to determine whether the treatment was improving the patient's care objectively, which would comply with both Texas Labor Code and the ODG.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)