



IRO REPORT

DATE OF REVIEW: 9/10/07

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the medical appropriateness of the previously denied request for six additional sessions of physical therapy from 8/6/07 to 8/27/07.

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

Texas Licensed D.C., and is also currently listed on the TDI/DWC ADL list.

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)

The previously denied request for six additional sessions of physical therapy from 8/6/07 to 8/27/07.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Fax Cover Sheet dated 8/30/07, 8/29/07, 8/21/07.
- Notice to CompPartners, INC. of Case Assignment dated 8/29/07.
- Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 8/29/07.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 8/27/07.
- Request Form dated 8/16/07.

- **Appeal Letter dated 8/23/07.**
- **Notice of Non-Certification dated 8/2/07.**
- **Notes dated 8/6/07, 7/31/07, 6/5/07, 6/28/07, 6/21/07, 6/15/07, 5/31/07, 5/21/06, 5/17/06, 5/15/06.**
- **Initial Behavioral Medical Evaluation dated 6/15/07.**
- **Heart Rate Report dated 5/21/07.**
- **Physical Performance Exam dated 5/21/07.**
- **Exercise Sheet dated 5/17/07.**
- **Report of Finding.**

PATIENT CLINICAL HISTORY [SUMMARY]:

Age:

Gender: Female

Date of Injury

Mechanism of Injury: Twisted the left ankle.

Diagnosis: 722.0-Cervical displacement of IVD without myelopathy, 723.4-brachial neuritis, 728.85-muscle spasms and 307.81-tension headache.

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

This is a female who sustained a work related injury when she was returning from a business trip and stepped off a curb at the airport twisting her left ankle, and hurt her back and neck. The claimant worked in sales in a sedentary demand level. The provided diagnoses include 722.0-Cervical displacement of intervertebral disc (IVD) without myelopathy, 723.4-brachial neuritis, 728.85-muscle spasms and 307.81-tension headache. The claimant has been treating with a chiropractic provider, DC. There is a physical performance exam dated 5/21/07 from Inc. which identifies this claimant was working currently. The pain was in the neck and rated 4/10. She was determined to function at an 8 pound capacity classified as below sedentary level (0-9 pounds) for a sedentary (10-14 pounds) level position. Her exam revealed normal sensation and normal gait. There is a Group initial behavioral medical evaluation report dated 6/15/07 by, MED, LPC, LCDC. This report indicates that the claimant was sent for evaluation due to “possible psycho/physiological symptoms of mood disturbance and stress and a concern that the patient’s current mental status may inhibit her participation in and or response to, medical treatment.” She reported that her neck and back pain was a 2/10 pain scale and that her left ankle was “ok now.” The report further indicated that the claimant reports “no mental health issues since the accident.” This reviewer would like to point out that this report was, therefore, contradictory in that earlier it stated she is being referred due to “possible psycho physiological symptoms of mood disturbance and stress.” Nevertheless, there is a reported past history of several mental health issues related to depression, anxiety and stress for which medications helped in the past year. On this date she has a score of zero (0) for Beck Depression Inventory (BDI)-II and Beck Anxiety Inventory (BAI) with a 2/50 score on the Biopsychosocial trauma inventory and a Global Assessment of Functioning (GAF) score of 62. The actual report of findings daily notes which are provided for this determination includes 10 dates of service for rehab services including chiropractic

manipulation and physical therapy both active and passive. Beginning on 5/11/07 the notes indicated that there was 7/10 pain in the “cervical” area only with spasms and only a check mark of decreased range of motion without specific degrees indicated. The notes continued with evidence of waxing and waning of pain scales through 7/31/07 with again 7/10 pain and with same areas of complaint. On 8/6/07 the notes indicate 4/10 pain with again merely a check mark by the ranges of motion area of this form without actual degrees measured. There were no actual ranges of motion provided to determine any specific degree of measurable objective improvements with care, no new presenting complaint, no new injury or re-injury information no evidence of positive neurological deficits or problems with proprioception, balance and or gait and certainly no evidence that the claimant was worsening or unable to perform a modified duty at her sedentary job. The patient is receiving interferential current, mechanical traction for the low back, chiropractic manipulation , neuromuscular reeducation, therapeutic exercises and an office visit charge of level CPT code 99213 (should not be charged on the same date of a manipulation charge) and definitely the notes did not support this level of service was performed. This type of up coded charges are scattered throughout these 10 dates of rehab chiropractic/physical therapy service. The current request is to determine the dispute resolution determination regarding previous denial of six sessions of physical therapy from 8/6/07 to 8/27/07. The medical necessity for this request is not established with reference to the Return To Work Guidelines (2007 Official Disability Guidelines, 12th edition) Integrated with Treatment Guidelines (ODG Treatment in Workers' Comp, 5th edition) web based version regarding physical therapy and chiropractic care for the primary diagnosis of 722.0-cervical IVD displacement without myelopathy. This excerpt indicates that for physical therapy it recommends “10 visits over 8 weeks allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus self directed home physical therapy. Sub reference to exercise for this diagnosis indicates that “For mechanical disorders of the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected.” For chiropractic care specifically it also only recommends up to “10 visits over 8 weeks.” Therefore, given that the provided daily progress notes fail to document specific measurable ranges of motion improvements, fail to document any neurological deficits and or positive orthopedic test findings, show no evidence or worsening, no evidence of new injury or reinjury and show no evidence that she is unable to work her modified duties currently, reveal only one pound of deficit to be classified capable of sedentary duty on 5/21/07 physical performance examination report, are without documented evidence she is unable to perform home exercises by 8/6/07 and without evidence of measurable or demonstratable improvements objectively there simply is no support for further physical therapy beyond the at minimum 10 physical therapy and chiropractic visits she has already received from at least 5/11/07 to 8/6/07 which met the maximum recommended number of visits of 10 visits over 8 weeks. The decision is to uphold denial of this request.

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.
Return To Work Guidelines (2007 Official Disability Guidelines, 12th edition)
Integrated with Treatment Guidelines (ODG Treatment in Workers' Comp, 5th edition)
<http://www.odg-twc.com/bp/722.htm#722.0>
<http://www.odg-twc.com/odgtwc/neck.htm#Exercise>
 - PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
 - TEXAS GUIDELINES FOR CHRIOPRACTIC QUALITY ASSURANCE AND 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).
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