



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review Decision
CORRECTED CORRESPONDENCE
Correspondence Dated Incorrectly

DATE OF REVIEW: 08/08/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Eight (8) sessions of physical therapy

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified with the American Board of Physical Medicine and Rehabilitation, member of American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
724.2	97110	NA	Prosp.	8					Overturn

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial 07/11/08 and 06/13/08, including criteria used in the denial (ODG)
3. Reconsideration for therapy 07/02/08, initial evaluation summary 06/09/08 and initial consultation 05/21/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is a gentleman who was working on xx/xx/xx when he was struck in the back by a board that came off the back of a truck. The patient's symptoms included referred pain down his back as well as pain, tenderness, and mildly decreased range of motion. The patient underwent MRI scan imaging by report (03/26/08) and had multilevel degenerative changes (endplate narrowing and decreased disc space at the L4/L5 and L5/S1 levels as well as facet arthrosis) and a prior laminectomy at the L4/L5 level. The patient's symptoms were aggravated with sitting and standing from a sitting position, as well as lifting and standing. The patient has been followed by physical therapy and had initial therapies focused on modalities for pain control and also directional preference back range of motion and strengthening exercises.

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

Utilizing the ODG Treatment Guidelines, this patient falls into the category of lack of initial overall success with his physical therapy program. Considering these Guidelines, it is perfectly reasonable for this patient to have a change in his treatment course. The injured employee will most benefit from continuation of his physical therapy and therapeutic functional restoration algorithm as described by both the physician and the physical therapist.

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 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 national accepted medical literature
- Other evidence-based, scientifically valid, outcome-focused guidelines:
 - McKenzie Spinal Treatment Guidelines