# C-IRO, Inc.

**An Independent Review Organization**
**7301 Ranch Rd. 620 N, Suite 155-199**
**Austin, TX 78726**

Notice of Independent Review Decision

**DATE OF REVIEW: AUGUST 11, 2008**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

3 sessions of physical therapy

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

Chiropractor
AADEP Certified
Whole Person Certified
TWCC ADL Doctor

**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.

The reviewer finds that medical necessity exists for three (3) sessions of physical therapy.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 6/26/08, 7/15/08
ODG Guidelines and Treatment Guidelines, Physical Therapy Guidelines
DC, 6/17/08
DC, 6/18/08, 7/9/08, 7/22/08
MD, 6/20/08
November 2007
Operative Report, 2/23/06

Operative Report, 4/13/04

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured employee was involved in an occupational injury on xx/xx/xx. The injured employee eventually underwent a laminectomy discectomy in 2004 and a fusion in 2006. The injured employee is working at modified job duty in xxxxx. The injured employee has completed post-surgical treatment as well as several visits in 2007 and early 2008 and pain management injections. Three (3) sessions of therapy are being requested to teach / educate the injured employee on modifications of her home exercise program.

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

The injured employee currently meets the medical necessity for 3-sessions of physical therapy. The provider has asked for the sessions for the purpose of education and modification of the patient's home exercise program.

A peer review letter dated 11-19-2007, which was included with the records that were reviewed, recommends future monitoring of an exercise program and medication management about once a year, if needed, to make adjustments and modifications. The ODG does not officially address this type of care.

However, the injured employee does meet the Texas guidelines for Chiropractic Quality Assurance and Practice Parameters for an exacerbation of a chronic condition.

Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters Chapter 8

- Symptoms Response: Significant improvement within 10-14 days 3-5 treatments per week.
- Activities of daily living; the promotion of rest, elevation, active rest, and remobilization, as needed, are expected to improve ADL followed by a favorable response in symptoms.
- Return to pre-episode status
- Supportive care: Inappropriate

The reviewer finds that medical necessity exists for three (3) sessions of 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**
- ☒ **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)**