

NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION
Workers' Compensation Health Care Non-network (WC)

12/22/2008

DATE OF REVIEW: 12/22/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy 6 (six) sessions

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

Texas State Licensed Doctor of Chiropractic

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Assignment to 12/08/2008
2. notice to URA of assignment of IRO 12/08/2008
3. Confirmation of Receipt of a Request for a Review by an IRO 12/08/2008
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 12/04/2008
6. reconsideration letter 11/21/2008
7. initial review letter 11/13/2008
8. request for reconsideration of request for preauth 11/13/2008
9. request for preauth 11/10/2008
10. patient re-evaluation 11/07/2008
11. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

Patient had been treated for a low back condition under major medical. He then was injured in an on-the-job accident evaluated on 04/02/07. The date of his injury was xx/xx/xx. The work injury primarily involved the neck. The provider gave the employee a return to work full duty without restriction as of 06/04/07. The employee was seen in March 2008 one time only for a consult. The employee represented 11/07/08 when it was noted that he had recently underwent police training which caused the pain to worsen further.

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

The decision is to not authorize the request for the additional six visits. The diagnosis code 723.4 is brachial neuritis or cervical radiculitis. Based on the ODG Guidelines, it is not clear how this therapeutic exercise and this manual therapy is going to decrease nerve inflammation.

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)