



Notice of Independent Review Decision

DATE OF REVIEW:

07/07/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic manipulation two times a month for two months (97012, 98940, and 97139).

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

Board Certified Chiropractor

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

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.

Upon review of the documentation, the documentation fails to establish the medical necessity for the application of ongoing chiropractic care as requested (chronic manipulation two times a month for two months).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral forms
- 06/23/08 MCMC Referral
- 06/23/08 Notice To Utilization Review Agent of Assignment,
- 06/23/08 Notice To MCMC, LLC Of Case Assignment,
- 06/20/08 Confirmation Of Receipt Of A Request For A Review, DWC
- 06/20/08 IRO Request Form, DWC
- 06/17/08 Request For A Review By An Independent Review Organization
- 05/05/08 letter from LVN,
- 05/13/08, 05/01/08 statements from D.C., WC Insurance
- 04/28/08 Request For A Review By An Independent Review Organization
- 04/28/08, 04/09/08 Facsimile Transmission from, D.C. with Message
- 05/08/08, 04/24/08 (dates of service) Explanation of Benefits, DWC
- 05/08/08, 04/24/08, 04/21/08 letter from LVN
- 02/11/08, 01/14/08 Daily Patient Records
- Note: Carrier did not supply ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The submitted file reveals that the above captioned individual is a female who was allegedly involved in an occupational injury that reportedly occurred on or about xx/xx/xx. The history reveals that she slipped and fell during the course of her normal employment and injured her low back, left ankle and left shoulder. The notes submitted for review are limited at best, however the documentation indicates that the injured individual underwent low back surgery in 2003. Most recently, the injured individual has received physical therapy and chiropractic management under the administration of the attending provider (AP). There are daily notes reflecting four dates of service including 01/14/08, 02/11/08, 04/24/08, and 05/08/08. The claimant continues to report moderate to severe pain in the low back, right shoulder and right lower leg.

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

The medical necessity for the requested course of care is not established. Specifically, the injured individual is now more than seven years post injury. The time for the application of ongoing passive care has long since passed. Moreover, the submitted documentation does not establish that the care attended to date has been efficacious or therapeutically beneficial to the injured individual. The documentation contains no comparative subjective or objective data to show that the course of care has brought about relief or progress. Each date of service related anecdotally that the injured individual's condition was the same or worse. Additionally, the documentation reveals no appropriate and documented withdrawal from care to ascertain if the absence of care would cause depredation of the injured individual's symptomatology. Lastly, the course of care would be inconsistent with the treatment guidelines of the Official Disability Guidelines (ODG) which state for the condition(s) of record:

Low Back--Recommended as an option. Medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated. For patients with chronic low back pain, manipulation may be safe and outcomes may be good, but the studies are not quite as convincing. While not proven by multiple high quality studies, a trial of manipulation for patients with radiculopathy may also be an option, when radiculopathy is not progressive, and studies support its safety. As with any conservative intervention in the absence of definitive high quality evidence, careful attention to patient response to treatment is critical. Many passive and palliative interventions can provide relief in the short term but may risk treatment dependence without meaningful long-term benefit. Such interventions should be utilized to the extent they are aimed at facilitating return to normal functional activities, particularly work.

ODG Chiropractic Guidelines:

Therapeutic care –

Mild: up to 6 visits over 2 weeks

Severe:* Trial of 6 visits over 2 weeks

Severe: With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity

Elective/maintenance care – Not medically necessary

Recurrences/flare-ups – Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months

* Severe may include severe sprains/strains (Grade II-III1) and/or non-progressive radiculopathy (the ODG Chiropractic Guidelines are the same for sprains and disc disorders)

Ankle and Foot: Not recommended. There is limited evidence from trials to support the use of manipulation for treating disorders of the ankle and foot, although it is commonly done and there is anecdotal evidence of its success. In general, it would not be advisable to use this beyond 2-3 weeks if signs of objective progress towards functional restoration are not clearly demonstrated. ([Crawford, 2002](#)) ([Van der Windt, 2001](#)) ([Fryer, 2002](#)) ([Pellow, 2001](#)) ([Eisenhart, 2003](#)) ([Lawrence, 2001](#))

ODG Chiropractic Guidelines -

(If a decision is made to use this treatment despite the lack of evidence)

Ankle Sprain:

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy

9 visits over 8 weeks

Shoulder: Recommended as indicated below. There is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but this procedure is routinely applied by chiropractic providers whose scope allows it, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor. In general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. A recent clinical trial concluded that manipulative therapy for the shoulder girdle in addition to usual medical care accelerates recovery of shoulder symptoms. ([Bergman, 2004](#)) ([Michener, 2004](#)) A recent meta-analysis concluded that there is limited evidence which supports the efficacy of manual therapy in patients with a shoulder impingement syndrome. ([Verhagen-Cochrane, 2004](#)) See also [Physical therapy](#).

ODG Chiropractic Guidelines-

Sprains and strains of shoulder and upper arm:

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy

9 visits over 8 weeks

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES