



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: June 30, 2008

IRO Case #:

Description of the services in dispute:

Preauthorization – Physical Therapy, 3 visits per week for 4 weeks

A description of the qualifications for each physician or other health care provider who reviewed the decision

This reviewer has a BS in Psychology, is a Doctor of Chiropractic, and has a Masters in Fitness Management. This reviewer has special certification in disability evaluation and rating of permanent impairment, insurance consulting, peer review, independent medical examination, medical legal issues in chiropractic, coxa flexion distraction, management of sports injuries, nimmo receptor tonus, myofascial trigger point, therapeutic exercise, chiropractic biophysics I and II, and Earhardt x-ray I and II. This reviewer has been in active practice since 1994.

Review Outcome

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

Overtured

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.

Medical necessity does exist for the requested physical therapy, 3 visits per week for 4 weeks.

Information provided to the IRO for review

Records Received from the State:

Fax from, 6/30/08, 2 pages

Fax from, 6/11/08, 3 pages

Confirmation of receipt of request for a review by an Independent Review Organization, 6/9/08, 5 pages

Request for a review by an Independent Review Organization, 6/6/08, 3 pages

Letter from, Rn, 5/20/08, 5 pages

Letter from, RN, 5/23/08, 3 pages

Notice to Medical Review Institute of America, Inc, of case assignment, 6/11/08, 1 page

Records Received:

MRI of the thoracic spine, 12/7/07, 1 page
MRI of the right hand, 12/7/07, 1 page
MRI of the right shoulder, 1/25/08, 1 page
Therapy treatment plan, 3/30/08, 1 page
Case history, 3/31/08, 1 page
Joint evaluation of the shoulder, 3/31/08, 1 page
Letter from, DC, 3/31/08, 2 pages
Preauthorization request, 5/15/08, 1 page
Letter from, DC, 5/28/08, 2 pages
Letter from, 5/28/08, 1 page

Patient clinical history [summary]

Records submitted for review indicate a XX/XX/XX date of injury for. There is a 12-7-07 MRI report for the thoracic spine noting T7-8 4-5 mm paracentral disc protrusion. There is a 12-7-07 MRI report for the right hand noting no significant abnormality. There is a 1-25-08 right shoulder MRI noting no significant abnormality. There are adverse review determinations from Insurance Company 5-20-08 and 5-23-08 related to request for additional care. Narrative records from, D.C. (3-31-08, 5-28-08) describe the accident as one in which was pulling on a sliding door when she felt right shoulder pain. The records further describe that experienced neck pain and numbness/tingling in the right hand and wrist one week later. A subsequent 6 week treatment period with another provider is noted with the patient reporting greater pain at the end of this treatment. Examination is included with range of motion, neurological test, orthopedic test, and palpation findings with subsequent diagnoses of #723.3, #721.0, #728.85, #739.7, and #719.58. An opinion is included from Dr. that the patient's condition was previously incorrectly diagnosed and that the patient received inappropriate treatment for 12 visits. Dr. describes that he would like to provide treatment to weekly for one week followed by 3 x per week x 4 weeks, with procedures including manual therapy, muscle stimulation, ultrasound, hot/cold packs, neuromuscular re-education, therapeutic exercises, therapeutic activities and/or traction. There is a 5-28-08 letter from regarding previous treatment at Dr. office. states in the letter that at no time did she receive treatment to her neck. Treatment is described as bicycle, power web hand exercise, putty to squeeze, hand dipped in hot wax, and TENS to shoulder. The patient states that she always felt worse after treatments. The patient describes that she was treated by Dr. for one visit, after which she felt immediate improvement in hand, wrist, and shoulder. There is a 5-15-08 preauthorization request submitted from Dr. for procedures including myofascial release, EMS, ultrasound, hot/cold packs, therapeutic exercise, and traction 3x per week x 4 weeks for diagnoses #723.3, #721.1, #728.85, #739.7, and #719.58.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The patient has reportedly received 12 treatments thus far with diagnoses and therapies of questionable appropriateness. The records indicate the patient worsened with these previous treatments. In a case of this apparent nature, the requested physical therapy 3 times a week for 4 weeks, would be considered medically necessary per the ODG.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG Guidelines. Neck and upper back. Physical Therapy. 2007.

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