

IRO Express Inc.

An Independent Review Organization

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DATE OF REVIEW: March 9, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 sessions of physical therapy

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

A Chiropractor with 11 years of treating patients in the Texas Worker's Compensation system as a level II approved 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Medical Records from Spine and Rehab (336 pages 9/06 thru 12/07)

Letter from Dr. (1/7/08 and 2/22/08)

DDE (9/21/06 thru 10/19/07)

Letter from Dr. 12/11/07

MRI (8/25/03 and 8/14/06)

FCE (6/4/07)

EPS (11/15/06)

EMG & Nerve Study (11/14/06)

EEG (11/15/06)

Records (4/24/07)

Pain Management (10/12/06 thru 12/21/06)
(5/14/07)
(7/06 thru 9/06)
Denial Letter (12/19/07 and 1/14/08)

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured while working as a xx. He stated as he moved to his left he tripped and fell. He stated that he was twisting to the side as he impacted the ground, hitting his head and the right side of his chest.

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

The 12 sessions of physical therapy are not reasonable or medically necessary according to the below referenced criteria. The patient is 18 months post-injury, which according to the ODG does not allow passive modalities such as the interferential and ultrasound that is in dispute. The designated doctor stated that no further supervised therapy was recommended and that the patient could be put on a self directed home exercise program. The Reviewer agrees with the designated doctor. The Reviewer's medical assessment is also, that additional passive care this late in care would only create doctor dependency, chronicity and over-utilization. Therefore, the 12 sessions of physical therapy are not reasonable or medically necessary.

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)