

# Independent Resolutions Inc.

An Independent Review Organization

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**DATE OF REVIEW:** March 20, 2008

**IRO CASE #:**

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

PT (12 additional visits)

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

Doctor of Medicine (M.D.)

Board Certified in Orthopaedic Surgery

**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

Adverse Determination Letters, 2/19/08, 2/25/08

MRI shoulder 1/19/05

Records from Orthopaedic Center 3/21/06 to 2/08/08

Op report 10/3/05

Op report 5/19/05

MRI neck 2/24/06

CT neck 5/8/06

CT myelogram 8/23/06

MRI shoulder 10/11/06

Op report 11/16/06  
 CT myelogram 5/31/06  
 EMG/NCS/Neurology consult 2/21/07  
 H&P 4/18/07  
 Op report 4/16/07  
 CT neck 12/20/07  
 Letter from Insurance company counsel 3/18/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured employee has continued pain, weakness, and stiffness after cervical fusion. He has attended 12 post-op therapy visits and the treating surgeon has requested 12 more.

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

After a careful review of all medical records, the Reviewer's medical assessment is that the patient is an appropriate candidate for 12 more visits of post-op PT. As per ODG criteria 24 visits are appropriate after a cervical fusion. All preoperative factors have been addressed and the indications meet ODG criteria.

Physical therapy (PT)	<p>Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapist, to avoid debilitation and further restriction of motion. (<a href="#">Rosenfeld, 2000</a>) (<a href="#">Bigos, 1999</a>) For mechanical disorders for the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. (<a href="#">Philadelphia, 2001</a>) (<a href="#">Colorado, 2001</a>) (<a href="#">Kjellman, 1999</a>) (<a href="#">Seferiadis, 2004</a>) Physical therapy seems to be more effective than general practitioner care on cervical range of motion at short-term follow-up. (<a href="#">Scholten-Peeters, 2006</a>) In a recent high quality study, mobilization appears to be one of the most effective non-invasive interventions for the treatment of both pain and cervical range of motion in the acutely injured WAD patient. (<a href="#">ConlinI, 2005</a>) A recent high quality study found little difference among conservative whiplash therapies, with some advantage to an active mobilization program with physical therapy twice weekly for 3 weeks. (<a href="#">Kongsted, 2007</a>) See also specific physical therapy modalities, as well as <a href="#">Exercise</a>.</p> <p><b><i>ODG Physical Therapy Guidelines –</i></b></p> <p>Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the <a href="#">ODG Preface</a>.</p> <p><b>Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0):</b>          9 visits over 8 weeks</p> <p><b>Sprains and strains of neck (ICD9 847.0):</b>          10 visits over 8 weeks</p> <p><b>Displacement of cervical intervertebral disc (ICD9 722.0):</b>          Medical treatment: 10 visits over 8 weeks</p>
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	<p>Post-injection treatment: 1-2 visits over 1 week</p> <p>Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks</p> <p>Post-surgical treatment (fusion): 24 visits over 16 weeks</p> <p><b>Degeneration of cervical intervertebral disc (ICD9 722.4):</b> 10-12 visits over 8 weeks See 722.0 for post-surgical visits</p> <p><b>Brachia neuritis or radiculitis NOS (ICD9 723.4):</b> 12 visits over 10 weeks See 722.0 for post-surgical visits</p> <p><b>Post Laminectomy Syndrome (ICD9 722.8):</b> 10 visits over 6 weeks</p> <p><b>Fracture of vertebral column without spinal cord injury (ICD9 805):</b> Medical treatment: 8 visits over 10 weeks Post-surgical treatment: 34 visits over 16 weeks</p> <p><b>Fracture of vertebral column with spinal cord injury (ICD9 806):</b> Medical treatment: 8 visits over 10 weeks Post-surgical treatment: 48 visits over 18 weeks</p> <p><b>Work conditioning</b> (See also <a href="#">Procedure Summary</a> entry): 10 visits over 8 weeks</p>
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**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)**