

True Resolutions Inc.

An Independent Review Organization

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DATE OF REVIEW: May 21, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

9 sessions of PT consisting of 3 sessions of 97113-aquatic therapy, 6 sessions of 97110-therapeutic exercise, 6 sessions of 97124-massage

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

A Chiropractor with 12 years of treating patients in the Texas Workers' Compensation system as a level II approved treating 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, Notes from DC dated 4/14/08, notes from DC dated 4/26/08, notes from DC dated 2/9/08, 3/23/08, 4/8/08, 4/15/08 and 5/9/08, daily notes from 2/7/08 through 2/28/08, and a FCE dated 4/14/08.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a female who is employed as a for the ISD and was injured on xx/xx/xx. The injury occurred as the patient was demonstrating a dance move (a hand stand) to her students when her legs bent too far over causing her to lose her balance from her hand stand position. She stated she then fell straight down

striking her chin on the floor and as she continued to fall, she twisted and hyper extended her lower back.

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

The 9 sessions of PT consisting of 3 sessions of 97113-aquatic therapy, 6 sessions of 97110-therapeutic exercise, 6 sessions of 97124-massage is not reasonable or medically necessary according to the below referenced criteria. The patient's diagnosis is a lumbar sprain/strain which is a self limiting diagnosis. The ODG states that a proper self directed home exercise program is suitable for this diagnosis which would make the 97110 a duplicate service and unnecessary. The 97113 is not reasonable or necessary given the diagnosis or lack of medical necessity for the use of aquatic therapy. This is used when patient's joints can't support the weight and pressure of gravity land based exercises, which is not this patient's case. There is no increased performance benefit from the 97124. Although massage's have a palliative and physiological effect, there is no medical necessity for this injury or any benefit to improving this patient's function since she was working at full duty. Therefore, the 9 sessions of PT consisting of 3 sessions of 97113-aquatic therapy, 6 sessions of 97110-therapeutic exercise, 6 sessions of 97124-massage is 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)