

P-IRO Inc.

An Independent Review Organization
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DATE OF REVIEW: 5-12-2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy 6 sessions total

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

Chiropractor
AADEP Certified
Whole Person Certified
TWCC ADL Doctor
Certified Electrodiagnostic Practitioner
Member of the American of Clinical Neurophysiology
Clinical practice 10+ years in Chiropractic WC WH Therapy

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)

PATIENT CLINICAL HISTORY (SUMMARY):

The injured employee was involved in an occupational injury. The injured employee apparently slipped and fell. The injured employee eventually fell under the care of Center. Records indicate the injured employee complained of neck, low back, right shoulder, right elbow, right wrist/hand, right hip, right knee, and right ankle pain. Records indicate that the injured employee is experiencing an exacerbation of pain to the neck, low back, right shoulder, right elbow/forearm, right wrist, right knee, and right ankle/foot. Six treatments of physical therapy is now being requested for the treatment of the exacerbation.

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

The injured employee does not currently meet the initial treatment recommendations for physical therapy per ODG, which this is not initial treatment. The injured employee was assessed at MMI with IR of 12%. However, the injured employee does meet the Texas guidelines for Chiropractic Quality Assurance and Practice Parameters for an exacerbation of a chronic condition. Therefore, the requested treatment is medically necessary.

Texas guidelines for Chiropractic Quality Assurance and Practice Parameters
Chapter 8

- Symptoms Response: Significant improvement within 10-14 days 3-5 treatments per week.
- Activities of daily living; the promotion of rest, elevation, active rest, and remobilization, as needed, are expected to improve ADL followed by a favorable response in symptoms.
- Return to pre-episode status
- Supportive care: Inappropriate

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)**