

P-IRO Inc.

An Independent Review Organization

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DATE OF REVIEW: 5-26-2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

97139 Sine-Sound/Combination Therapy for dates 4-12-2007, 7-24-2007, and 10-08-2007

97140 Manual Therapy for dates 10-08-2007

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Medical Records from Chiropractic 4/9/07 thru 11/21/07

Letters from Chiro 5/16/08, 3/5/08, and 3/10/08

letter dated 4/06/07, 4/06/07, 5/11/07,

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee was involved in an occupational injury. The injured employee apparently slipped and fell while on a ladder. The injured employee underwent an MRI of the elbow. RME by Dr. MD indicated that the injured employee was not at MMI. MRI of the cervical and lumbar spine was performed on 3-15-2007. EMG/NCV revealed evidence suggestive of a right C6 nerve root irritation and median nerve entrapment at the wrist. LESI were performed on 5-24-2007, 6-6-2007, and 7-20-2007. The injured employee underwent a FCE on 2-27-2007. The services in question CPT code 97139 for dates 4-12-2007, 7-24-2007, 10-08-2007, and CPT code 97140 for dates 10-08-2007 were pre-authorized.

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

The above services were authorized by the carrier as medically necessary. ODG does recommend physical therapy for post-injections, cervicalgia, and neuritis Letter dated 4-06-2007 from TASB pre-authorization # PERE05072007001 authorized 9 sessions of therapy between DOS 4-09-2007 and 4-30-2007. Pre-authorization # PERE0652007002 authorization for 7-24-2007. Pre-authorization # PERE09212007001 authorization for 10-08-2007. In view of the pre-authorization submitted in documentation. Therefore, after a careful review of all medical records, the Reviewer's medical assessment is that the treatment was medically necessary.

OD guidelines recommendations are as follows:

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. ([Rosenfeld, 2000](#)) ([Bigos, 1999](#)) For mechanical disorders for the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. ([Philadelphia, 2001](#)) ([Colorado, 2001](#)) ([Kjellman, 1999](#)) ([Seferiadis, 2004](#)) Physical therapy seems to be more effective than general practitioner care on cervical range of motion at short-term follow-up. ([Scholten-Peeters, 2006](#)) 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. ([ConlinI, 2005](#)) 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. ([Kongsted, 2007](#)) See also specific physical therapy modalities, as well as [Exercise](#).

ODG Physical Therapy Guidelines –

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 [ODG Preface](#).

Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0):

9 visits over 8 weeks

Sprains and strains of neck (ICD9 847.0):

10 visits over 8 weeks

Displacement of cervical intervertebral disc (ICD9 722.0):

Medical treatment: 10 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks

Post-surgical treatment (fusion): 24 visits over 16 weeks

Degeneration of cervical intervertebral disc (ICD9 722.4):

10-12 visits over 8 weeks

See 722.0 for post-surgical visits

Brachia neuritis or radiculitis NOS (ICD9 723.4):

12 visits over 10 weeks

See 722.0 for post-surgical visits

Post Laminectomy Syndrome (ICD9 722.8):

10 visits over 6 weeks

Fracture of vertebral column without spinal cord injury (ICD9 805):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 34 visits over 16 weeks

Fracture of vertebral column with spinal cord injury (ICD9 806):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 48 visits over 18 weeks

Work conditioning (See also [Procedure Summary](#) entry):

10 visits over 8 weeks

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)**