

# US Resolutions Inc.

*An Independent Review Organization*

71 Court Street

Belfast, Maine 04915

## Notice of Independent Review Decision

**DATE OF REVIEW: SEPTEMBER 16, 2008**

**IRO CASE #:**

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

12 Additional Physical Therapy Sessions

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

MD, Board Certified Orthopedic Surgeon

### **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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that medical necessity does not exist for 12 Additional Physical Therapy Sessions.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 8/20/08, 8/29/08

ODG Guidelines and Treatment Guidelines, Physical Therapy

, MD, 8/5/08, 5/20/08

, MD, 3/5/08

PT Notes, 2/26/08

MRI of Cervical Spine, 11/21/06

, 10/17/07, 6/21/07, 5/24/07, 2/22/07, 1/11/07, 12/5/06, 11/6/06

PT Notes, 9/3/06, 9/8/06, 7/28/06-8/9/06; 8/14/06-9/6/06; 9/8/06-9/18/06

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a xx-year-old female with a history of neck pain and shoulder pain radiating to both arms secondary to a motor vehicle accident while at work. Apparently she had neck pain and headaches and shoulder pain as well as trigger points and some radicular complaints. She has had at least 26 prior physical therapy sessions, more like perhaps even 30, based upon the medical records. It is difficult to know the exact number, but certainly significantly in excess of ODG Guidelines. There has been improvement in the past. She has had epidural steroid injections, which gave her relief.

She has had an MRI scan of the cervical area, revealing a possible herniated disc lateralizing somewhat towards the left. It is central, but with some left-sided stenosis at C5/C6. She also has had an MRI scan of her shoulder, which appears to be within normal limits without rotator cuff tear. The medical records do not explain the reason for deviation from ODG Guidelines in this injury from 2006, which is greater than 2 years' distance. Request is for further physical therapy.

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

Based upon the type of injury, the ODG Treatment Guidelines, the fact that the patient has already had at least 26 prior physical therapy sessions, and the patient's current clinical history and physical, the reviewer finds that medical necessity does not exist for 12 additional physical therapy sessions.

The ODG Guidelines provide for ten (10) physical therapy visits over eight weeks or post injection treatment, one to two visits over a week's period for a displaced cervical or intervertebral disc.

There is no information provided within the medical record which justifies additional physical therapy that is significantly outside the ODG Guidelines. There is little in the medical literature to substantiate the use of physical therapy in the chronic situation, either.

It is for all of these reasons that the previous adverse determination has been upheld. The reviewer finds that medical necessity does not exist for 12 Additional Physical Therapy Sessions.

### **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)**