



## IMED, INC.

1701 N. Greenville Ave. • Suite 202 • Richardson, Texas 75081  
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584  
e-mail: imeddallas@msn.com

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 04/09/09

**IRO CASE NO.:**

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

Item in dispute: Outpatient physical therapy 3 times a week for 4 weeks consisting of aqua therapy, therapeutic exercise, ultrasound, and gait training as related to the neck and low back (no more than 4 units per session)

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

Board Certified Orthopedic Surgeon

**REVIEW OUTCOME**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Hospital, xx/xx/xx
2. 12/31/08, 02/04/09 thru 03/09/09
3. M.D., 01/23/09
4. 02/02/09, 03/19/09
5. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee was injured while working on xx/xx/xx. She was involved in a severe motor vehicle accident where her vehicle was struck from behind and spun around several times.

The employee initially went to Hospital for emergency evaluation.

Dr. examined the employee at on 12/31/08 and reported a normal neurological examination. Dr. requested MRIs.

MRIs were performed at on 01/23/09 and reported multilevel spondylosis with mild disc bulges.

The employee went to physical therapy and was evaluated on 02/04/09. She again had a normal neurological examination with symmetrical reflexes, strength, and sensation.

Dr. saw the employee again on 03/04/09 and noted that she was getting better with therapy. The physical examination demonstrated improved range of motion and decreased tenderness. The employee was improving normally with routine treatment.

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

The employee may have sustained a mild flexion/extension injury of the cervical spine in the work related injury that occurred on xx/xx/xx. Repeated physical examinations reported that she was neurologically intact with negative Spurling's test. MRIs of the cervical spine and lumbar spine were essentially normal except for minimal cervical spondylosis at multiple levels.

***Official Disability Guidelines*** allow for fading of treatment frequency from three visits a week to one or less. Cervicalgia allows nine visits over eight weeks and sprain/strain injuries allow ten visits over eight weeks. There are no indications for further treatment.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

1. ***Official Disability Guidelines***