

Clear Resolutions Inc.

An Independent Review Organization
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DATE OF REVIEW:

Apr/20/2009

DATED OF AMENDED REVIEW: May 14, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy x 12 sessions

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

Chiropractor
Whole Person Certified
Certified Electrodiagnostic Practitioner

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

Adverse Determination Letters, 2/9/09, 3/5/09
ODG Guidelines and Treatment Guidelines
Dr. DC, 4/9/09, 2/26/09, 2/27/09, 11/7/08, 1/8/08, 11/4/07, 8/14/07, 6/19/07, 1/3/07, 9/25/07
Spine and Rehab, 1/23/09,
MD, 2/26/09, 7/15/08, 6/3/08, 4/1/08
Re-evaluation, 4/10/00
EMG and Nerve Conduction Study, 2/11/00, 1/25/02
Neurological Consult, 2/19/00
Narrative Medical Report, 2/20/00

PATIENT CLINICAL HISTORY SUMMARY

This patient was injured on xx-xx-xx as a result of a work related injury. Records indicate that the employee injured her head, neck, shoulders, and thoracic spine. The injured worker underwent therapy, medication, EMG, MRI, and psychological therapy. An additional twelve (12) sessions of physical therapy are now being requested.

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

The injured employee currently does not meet the ODG criteria for an additional 12 sessions of physical therapy. The ODG recommends 9 to 10 sessions over 8 weeks. This has already been performed, and there has been no explanation provided in the records why the guidelines should be set aside in this patient's case. The reviewer finds that medical

necessity does not exist for Physical Therapy x 12 sessions.

Physical therapy (PT) Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. (2000) (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. (2001) (2001) (1999) (2004) Physical therapy seems to be more effective than general practitioner care on cervical range of motion at short-term follow-up. (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. (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. (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, including assessment after a "six-visit clinical trial"

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

9 visits over 8 week

Sprains and strains of neck (ICD9 847.0)

10 visits over 8 week

Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12):

Medical treatment: 10 visits over 8 weeks

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

ACOEM-AMERICA 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)