ZRC MEDICAL RESOLUTIONS INC

REVIEWER'S REPORT

DATE OF REVIEW: 12/01/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Twelve sessions of physical rehabilitation

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
D.O., duly licensed physician in the State of Texas, fellowship-trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, with 22 years of active and ongoing current practice in Pain Management

REVIEW OUTCOME:
"Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

__X___Upheld (Agree)

_____Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:
1. Physical therapy progress note, 10/19/09, from Dr.
2. Physician Adviser decision, 10/24/09
3. Reconsideration request from Dr., 10/28/09
4. Physician Adviser reconsideration determination, 11/04/09
5. Letter of reconsideration from Dr., 11/18/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
This claimant was allegedly injured on xx/xx/xx. No information was provided regarding the mechanism or extent of injury, nor any information regarding objective testing.

On 10/19/09 the claimant was seen by Dr. for physical therapy progress note. The claimant reported improvement in neck movement and less discomfort with a continuing pain level of 5-6/10. Turning, lifting, pushing, and pulling all made her pain worse.

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Medication and rest improved her pain. Physical examination documented nonspecific tenderness of the cervical paraspinous muscles and bilateral trapezius. Dr. noted the claimant had ongoing cervical pain, decreased active range of motion of the neck, decreased neck strength, and decreased tolerance of lifting, pushing, pulling, and overhead activities. He recommended twelve more sessions of physical therapy to progress to a "later stage of phase two" of rehabilitation, which would concentrate on strengthening and functional activities.

An initial Physician Adviser Review on 10/26/09 recommended nonauthorization of the request, citing ODG Treatment Guidelines and a discussion with chiropractor regarding the request.

A letter of reconsideration was then written by Dr. on 10/28/09. In that letter he did not address ODG Treatment Guidelines nor provide any new medical information.

A second Physician Adviser reviewed the request on 11/04/09, also recommending nonauthorization based on ODG Treatment Guidelines and a discussion with chiropractor who "agreed that the claimant does not need more physical therapy."

On 11/18/09 Dr. wrote another letter of reconsideration, merely restating the previous letter, providing no new medical information or comment on the ODG Guidelines.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:
According to ODG Treatment Guidelines, treatment of cervical sprain injury should encompass ten sessions of physical therapy over an eight-week period. Any request for treatment duration or number of visits exceeding the Guidelines would require "exceptional factors." This claimant has already completed ten sessions of physical therapy for her cervical strain and demonstrates no exceptional factors or extenuating circumstances that would support exceeding ODG Treatment Guideline recommendations. Additionally, chiropractor in the last peer-to-peer review with the second Physician Adviser stated the claimant did not need any more physical therapy. Chiropractor is listed on Dr. stationary as the "Assistant Clinical Director" of the clinic and, therefore, is presumed to have the authority to discuss clinical issues. Finally, although Dr. may disagree with the concept of home exercise programs, ODG Treatment Guidelines clearly recommend that patients begin instruction in home exercise on the first session of physical therapy and be progressed to home exercise programs at the completion of the recommended number of physical therapy sessions. Therefore, per ODG Treatment Guidelines, this claimant has completed the required number of physical therapy sessions for her cervical sprain/strain injury on xx/xx/xx and demonstrates no extraordinary or extenuating circumstances to justify exceeding ODG Treatment Guidelines. Moreover, the requesting doctor's Assistant Clinical Director told the second Physician Adviser that the claimant did not need further physical therapy. The recommendations for nonauthorization from the two previous Physician Advisers are, therefore, upheld, and the request for twelve sessions of physical rehabilitation is deemed to be not medically reasonable or necessary and should continue to be nonauthorized.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:
(Check any of the following that were used in the course of your review.)

_____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 national accepted medical literature (provide a description).
_____Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)

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