

SENT VIA EMAIL OR FAX ON  
Nov/16/2009

## IRO Express Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Nov/13/2009

**IRO CASE #:**

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

Physical Therapy 3 X 4 (Total 12 sessions)

**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

Denial Letters 9/23/09 and 9/4/09

Dr. 6/7/07 thru 10/12/09

Dr. 8/28/09 thru 9/25/09

Dr. 11/18/09 thru 7/17/09

OP Report 5/27/09, 8/8/08, 4/22/08

Dr. 7/30/08 thru 3/5/09

Dr. 7/29/08 thru 10/2/09

Dr. 7/28/08

MRI 9/24/09, 11/27/09, 5/9/07

Dr. 6/26/07  
 Dr. 9/30/08 thru 7/30/09  
 Chiropractic 2/25/09 thru 8/26/09  
 Cervical Spine 7/17/09  
 908 pages from 3/07 thru 10/07

**PATIENT CLINICAL HISTORY SUMMARY**

The injured worker was injured on xx/xx/xx. The injured employee injured his neck and right shoulder while lifting pipe. The injured employee was initially seen by Dr. and taken off work, referred for MRI, PT, and prescribed medication. The injured employee was seen by Dr. Orthopedic surgeon who recommended therapy. The injured employee underwent ESI. The injured employee eventually underwent right shoulder surgery with Dr. Post-operative therapy was performed to the shoulder following surgery. The injured employee underwent a MUA of the right shoulder on 8-08-08 with Dr. The injured employee underwent advanced imaging and EMG/NCV. The injured employee eventually underwent a C4-5 anterior cervical discectomy and fusion with instrumentation on 5-27-09 by Dr. Dr. recommended physical therapy. The injured employee has undergone 12 sessions of physical therapy. An additional 12 sessions of physical therapy are now being requested by Dr.

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

The injured employee has complete what appears to be 12 sessions of post-operative physical therapy to the cervical as related to the cervical fusion that was performed on 5-27-09. The OD Guidelines allows for a total of 24 sessions. Therefore an additional twelve (12) additional sessions are supported by ODG and supported by medical documentation reviewed.

**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, after graft maturity): 24 visits over 16 weeks**

Physical therapy (PT)	<p>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. (<a href="#">Rosenfeld, 2000</a>) (<a href="#">Bigos, 1999</a>) For mechanical disorders for the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. (<a href="#">Philadelphia, 2001</a>) (<a href="#">Colorado, 2001</a>) (<a href="#">Kjellman, 1999</a>) (<a href="#">Seferiadis, 2004</a>) Physical therapy seems to be more effective than general practitioner care on cervical range of motion at short-term follow-up. (<a href="#">Scholten-Peeters, 2006</a>) 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. (<a href="#">Conlin, 2005</a>) 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. (<a href="#">Kongsted, 2007</a>) See also specific physical therapy modalities, as well as <a href="#">Exercise</a>.</p> <p><b>ODG Physical Therapy Guidelines –</b>          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 <a href="#">ODG Preface</a>, including assessment after a "six-visit clinical trial".</p>
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	<p><b>Cervicalgia (neck pain); Cervical spondylosis</b> (ICD9 723.1; 721.0): 9 visits over 8 weeks</p> <p><b>Sprains and strains of neck</b> (ICD9 847.0): 10 visits over 8 weeks</p> <p><b>Displacement of cervical intervertebral disc</b> (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, after graft maturity): 24 visits over 16 weeks</p> <p><b>Degeneration of cervical intervertebral disc</b> (ICD9 722.4): 10-12 visits over 8 weeks See 722.0 for post-surgical visits</p> <p><b>Brachia neuritis or radiculitis NOS</b> (ICD9 723.4): 12 visits over 10 weeks See 722.0 for post-surgical visits</p> <p><b>Post Laminectomy Syndrome</b> (ICD9 722.8): 10 visits over 6 weeks</p> <p><b>Fracture of vertebral column without spinal cord injury</b> (ICD9 805): Medical treatment: 8 visits over 10 weeks Post-surgical treatment: 34 visits over 16 weeks</p> <p><b>Fracture of vertebral column with spinal cord injury</b> (ICD9 806): Medical treatment: 8 visits over 10 weeks Post-surgical treatment: 48 visits over 18 weeks</p> <p><b>Work conditioning</b> (See also <a href="#">Procedure Summary</a> entry): 10 visits over 8 weeks</p>
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**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)