

# US Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jul/31/2009

**IRO CASE #:**

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

Physical Therapy x 12 visits 3 visits per week for 4 weeks, cervical spine to include (97110, 97012, 97014).

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 5/4/09, 5/26/09

ODG Guidelines and Treatment Guidelines

Center for Neurological Disorders, 7/15/09, 4/7/09, 3/10/09

Letter to IRO, 7/16/09

PT, 4/29/09

Appeal, 5/19/09

, 5/1/09

, Preauthorization Request

, MD, 6/3/09

Request for Reconsideration, 6/30/09

, MD, 3/10/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is an injured driver who was injured approximately one year ago. Records state he was getting into a van and hit his head on the doorframe, injuring his neck. A cervical MRI shows mild spondylosis and is otherwise unremarkable. Dr. states no canal stenosis or significant neural foraminal encroachment. An EMG study was done on 9/10/08 and there was "no EMG evidence of cervical radiculopathy....All of the studies were normal." There is a previous history of conservative care and work hardening x 14 sessions with "no significant relief of his symptoms" according to a report dated 3/10/09. A report dated 3/10/09 states he also had four physical therapy sessions where they did traction and this helped temporarily. A report dated 5/10/09 states the work hardening sessions made him feel worse instead of better. A request for a cervical myelogram was denied by the insurance company. This request is for physical therapy x 12 Sessions.

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

This patient is now one-year post injury. There have been no intervening episodes to explain why further physical therapy is necessary. At this time post injury with the previous history of between 14-18 sessions of previous therapy already having been given to this patient, and in the absence of the treating physician explaining within his medical records why more physical therapy would be of benefit, this reviewer must respect the statutorily mandated Official Disability Guidelines and Treatment Guidelines. It is for this reason that this request for further physical therapy one-year post injury could not be overturned. The request does not meet the ODG. The reviewer finds that medical necessity does not exist for Physical Therapy x 12 visits 3 visits per week for 4 weeks, cervical spine to include (97110, 97012, 97014).

**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)