

C-IRO Inc.

An Independent Review Organization
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DATE OF REVIEW:

Jun/15/2009

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Physical/Vestibular therapy (VRT) 3x/week x 4 weeks for head (97001, 97110, 97112)

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

MD, Board-certified Internal Medicine

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

ODG Guidelines and Treatment Guidelines
Determination Letters, 5/14/09, 5/12/09, 4/27/09
, MD, 5/13/09, 1/5/09, 2/9/09, 2/10/09, 4/3/09, 5/6/09
Rehab Therapy PhD, 4/13/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant was injured in xx-xxxx when he was struck in the face by a machine. He has objective evidence of vestibular dysfunction as demonstrated by vestibular evoked myogenic potentials and ENG/VNG testing.

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

The reviewer has consulted the ODG and the peer-reviewed medical literature concerning the use of vestibular therapy in the treatment of vestibular dysfunction. This type of therapy has been shown to be of some benefit in this disorder. The records indicate the claimant has vestibular dysfunction. The reviewer finds that it is within a degree of medical probability that the claimant would derive clinical benefit from the proposed treatment. The reviewer finds that medical necessity exists for Physical/Vestibular therapy (VRT) 3x/week x 4 weeks for head (97001, 97110, 97112).

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)
Essential Otolaryngology: Head and Neck Surgery, Ninth Edition
Current Diagnosis and Treatment in Otolaryngology--Head and Neck Surgery: Second Edition
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)