

US Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/01/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional Physical Therapy x 6 sessions

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

Chiropractor
AADEP Certified
Whole Person Certified
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

ODG Guidelines

Adverse Determination Letters, 4/23/09, 5/11/09

Physicians Ltd., 5/8/09, 4/23/09

DC, 5/21/09, 4/30/09, 4/17/09, 3/2/09, 3/25/09,
2/9/09, 4/29/08

PPE, 4/30/09, 3/27/08, 8/17/06

Health and Behavior Assessment, 4/30/09, 3/28/08

Daily Treatment Records, 4/13/09-4/22/09

Orthopedics, 3/5/09, 2/5/09, 1/15/09, 4/15/08, 3/16/08, 2/19/08,
1/15/08, 11/20/07, 10/23/07, 7/3/07

Operative Report, 1/7/09

MD, 11/20/08, 4/7/08

Chart of Work Hardening, and Daily Notes April-May 2008, 20 visits

Work Hardening Daily Notes, 20 sessions completed in September 2006 and October 2006

Daily Treatment Records, 4/25/08, 3/27/08, 3/19/08,
3/12/08, Feb 08, Jan08, Jan07, Nov06 Dec06 Oct06, August 06, Jun06
Initial Report, Chiropractic, 1/23/06
M.Ed, LPC, 3/28/08
Rehab, PT Evaluation, 2/21/08
Neurodiagnostic Associates, Inc., 8/10/07, 1/25/07
MD, Orthopedic Surgeon, 7/12/07

Chiropractic Plan of Care, 6/18/07, 6/14/06, 5/1/06, 3/17/06,
1/25/06
MD, 4/11/07
MD, 1/11/07, 12/21/06, 12/4/06, 10/20/06, 9/27/06, 8/11/06
Lumbar ESI #2, 10/25/06
Lumbar ESI #1, 10/9/06
Operative Report, Facet Injections, 4/27/06
Lumbar Spine MRI, 1/23/06

PATIENT CLINICAL HISTORY SUMMARY

The injured worker was injured on xx/xx/xx as a result of a work related injury. Records indicated that the injured employee injured her low back while at work. The injured employee had undergone MRI, EMG/NCV, injections, extensive physical therapy, medication, 20 sessions work hardening/chronic pain program, and eventually underwent a surgical fusion at L5-S1 on 08-21-2007 and hardware removal on 01-07-2009. The injured employee has also completed post-operative therapy following hardware removal. The injured employee has a home TENS unit. The injured employee has completed 24 sessions of post-operative therapy and 20 sessions of work hardening following fusion with hardware. An additional six (6) 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 OD guideline for an additional 6 sessions of physical therapy. The injured employee had undergone a hardware removal on 01-07-2009, approximately 19 weeks ago. She has already completed the maximum amount of sessions recommended under ODG for post-operative physical therapy. The request for 6 additional sessions exceeds the guidelines. The reviewer finds that medical necessity does not exist for Additional Physical Therapy x 6 sessions.

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)