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**DATE OF REVIEW:** 6/15/09

**IRO CASE #:**

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

The services under dispute include physical therapy 3x4 weeks consisting of the following CPT codes (97112, 97110, and 97140).

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

The reviewer is a Doctor of Chiropractic who has been practicing for greater than 15 years.

**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)

The reviewer agrees with the previous adverse determination regarding all services under review.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties: Ins. and Clinic.

These records consist of the following (duplicate records are only listed from one source): : PLN 1 of 4/22/09, 3/16/09 to 4/1/09 progress report notes, 3/16/09 OT notes, 3/12/09 initial evaluation, 4/1/09 OT reassessment report and 4/6/09 report by Dr.

Clinic: 5/18/09 appeal letter, 5/6/09 report by Dr., 5/7/09 muscle testing/ROM report and FCE report of 4/29/09,

We did not receive a copy of the ODG Guidelines from Carrier/URA.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a female who was injured while lifting approximately 50 pounds at work. The daily notes indicate her pain was at a 5/10 on 3/16/09 and is at a 2/10 as of 4/1/09. Dr. report of 4/6/09 he wishes to perform PT and refer for neurodiagnostic testing.

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

The reviewer notes that the May 6, 2009 report by Dr. indicates that therapeutic exercises have been performed between April and May. However, the report does not indicate the exact number of sessions. The LHL 009 indicates that this is for the "initial 12 sessions PT". This patient in fact had seen an occupational therapist for at least 5 sessions according to the records provided by the carrier.

The ODG recommends **Cervicalgia (neck pain); Cervical spondylosis** (ICD9 723.1; 721.0): 9 visits over 8 weeks

**Sprains and strains of neck** (ICD9 847.0):

10 visits over 8 weeks

**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

**Degeneration of cervical intervertebral disc** (ICD9 722.4):

10-12 visits over 8 weeks

See 722.0 for post-surgical visits

**Brachia neuritis or radiculitis NOS** (ICD9 723.4):

12 visits over 10 weeks

This patient has not been objectively found to have radiculopathy or any type of CRPS at this time. Therefore, the maximum number of visits that are allowable by the ODG are 10 for a sprain/strain to the neck. This request exceeds this maximum allowable amount; therefore, the service is not medically necessary at this time.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**