

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
**12001 NORTH CENTRAL EXPRESSWAY**  
**SUITE 800**  
**DALLAS, TEXAS 75243**  
**(214) 750-6110**  
**FAX (214) 750-5825**

---

Notice of Independent Review Decision

**DATE OF REVIEW:** March 12, 2009

**IRO CASE #:**

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

24 physical therapy visits to include CPT codes 97001, 97002, 97113, 97032, 97112, 97035, 97530, and 97110.

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

Diplomate, American Board of Orthopedic Surgery

**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**

Medical records from the Carrier include:

- Employer's First Report of Injury or Illness, xx/xx/xx
- Texas Workers' Compensation Work Status Report, 10/27/08, 10/28/08, 11/12/08, 12/10/08, 01/07/09
- , P.A., 10/28/08

- , 11/12/08, 11/17/08, 11/18/08, 11/24/08, 11/25/08, 12/01/08, 12/02/08, 12/03/08, 12/09/08, 12/10/08, 12/11/08, 12/15/08, 01/02/09, 01/07/09, 01/09/09
- l, 11/12/08, 11/21/08, 11/24/08, 12/30/08, 02/17/09, 02/24/09, 03/05/09
- , 12/22/08
- , M.D., 01/30/09
- , M.D., 02/23/09
- , M.D., 02/16/09

Medical records from the URA include:

- Official Disability Guidelines, 2008
- , 02/17/09, 02/24/09

Medical records from the Provider include:

- , 11/12/08, 11/18/08, 12/10/08, 01/02/09, 01/07/09, 01/09/09, 02/02/09

### **PATIENT CLINICAL HISTORY:**

The patient is a xx year old female who slipped and fell at work on xx/xx/xx. She complains of total spine pain and right upper extremity pain. "Some muscle spasms" have been noted by Dr. , her treating doctor, but no objective signs of radiculopathy or nerve root compression in either the upper or lower extremities have been documented. She responded modestly to ten physical therapy sessions. The cervical and lumbar MRIs revealed only pre-existent spondylosis with minimal disc bulges at C5-C6, C6-C7, L4-L5, and L5-S1, as well as multilevel facet arthropathy. An EMG did not reveal either upper or lower radiculopathy or nerve root compression.

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

The request is for 24 physical therapy sessions by Dr. . Based upon review of the available medical records, the diagnosis is cervical spine, thoracolumbar, and lumbar strain/sprains with right upper extremity contusion. For these conditions, ODG Guidelines recommend ten physical therapy sessions over eight weeks beginning three times per week and fading to once per week, along with a self-directed home exercise program. The patient has already received at least ten physical therapy sessions; therefore, based upon the above rationale and peer reviewed guidelines, further physical therapy sessions are not certified. References: ODG low back procedure summary and ODG neck and upper back procedure summary.

**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)