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**NOTICE OF INDEPENDENT REVIEW DECISION**

**DATE OF REVIEW:**

Mar/14/2009

**IRO CASE #:**

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

Physical Therapy 2x/week x 4 weeks (8 Sessions)

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

MD, Board Certified in Physical Medicine and Rehabilitation  
Board Certified in Pain Management

**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, 2/6/09, 2/24/09  
Physical Therapy Centers, 2/25/09, 1/14/09, 12/18/08, 12/17/08,  
12/11/08, 12/4/08, 12/3/08, 1/13/09, 11/26/08, 11/25/08, 11/17/08, 11/14/08  
Neck Index, 1/13/09, 11/6/08, 1/27/09  
Rx, 2/15/09  
Cervical Flow Sheet, 11/6/08-1/13/09  
FCE, 1/27/09  
DO, 10/29/08, 11/11/08, 1/5/09  
ODG-TWC, Neck and Upper Back

**PATIENT CLINICAL HISTORY SUMMARY**

This is a woman injured on xx/xx/xx when she was hit on the top of her head. I am not aware of the object or when the symptoms started. She had neck and shoulder pain when seen on 10/29/08 by Dr. She had only temporary improvement in her neck symptoms after 11 sessions of PT over 2 months. The treatment consisted of hot packs, electrical stimulation, soft tissue mobilization and reeducation. The therapist commented upon her making "no improvement to date" and the majority of the "goals not met." The additional therapies were requested for vertigo and headaches.

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

This patient had 11 sessions of physical therapy over a two-month period. The therapists' note states that the goals were not met during the course of therapy. Dr. commented in two examinations that there was no dizziness. However, the physical therapist wants to treat the patient's vestibular symptoms including vertigo and headaches. There was no physician description of vertigo to necessitate treatment provided in the medical records for review. The patient's headaches did not improve with 11 sessions of therapy. Many of these sessions were directed at passive treatments with modalities. The ODG recognizes the benefit of therapeutic exercises for "mechanical disorders" of the neck. There was no description of any disc problem, and cervicgia is limited to 9 therapy sessions over 8 weeks. She had 11 sessions over 2 months. The ODG only approves 6 sessions over 6 weeks for treatment of tension and other headaches. There was no information provided to warrant a variance from the established guidelines. The reviewer finds that medical necessity does not exist for Physical Therapy 2x/week x 4 weeks (8 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)