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IRO certificate #

**DATE OF REVIEW: 5/30/09**

**IRO CASE #:**

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

Physical therapy

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

Board certified in Neurological Surgery

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)  
**X Overturned** (Disagree)  
Partially Overturned (Agree in part/Disagree in part)

Description of review outcome for each healthcare service in dispute

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

determination letters, 5/1/09, 5/20/09  
4/28/09 Report, Dr.  
4/22/09, 3/21/09 Evaluation reports, Dr.  
Neurosurgery report 3/9/09, Dr.  
Lumbar MRI report 5/4/09  
FCE report 11/20/08  
Left shoulder MRI report 7/16/08  
ODG Guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who in xx-xxxx had a fence fall on her head that knocked her to her knees. She developed low back, shoulder, and neck pain. She also had pain and numbness into both lower extremities. No reports were provided for this review indicating treatment between June and December 2008. The patient continues to have discomfort, despite an MRI that shows some chronic changes, but nothing surgically correctable in her back, that would account for her back and leg pain. There is no specific treatment that can be pursued such as surgery or injections. Her MRI is

compatible with changes that often associated with pain in the face of even minor trauma. Her examination reveals diminished range of motion, and muscle spasm and tenderness. These can often be relieved by a physical therapy program.

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

I disagree with the denial of the proposed physical therapy. The findings that the patient has are not on either examination or imaging studies compatible with a surgical procedure or injections that would be helpful in relieving her discomfort. The examination findings of diminished range of motion because of pain, muscle spasms and tenderness, are often findings that can be helped by a physical therapy program, even of a short duration, since it frequently can be followed by a home exercise program with instructions.

**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)**