

# IMED, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 10/06/09

**IRO CASE NO.:**

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

Item in dispute: PT 3x4 cervical 97010 97014 97035 97012

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

Texas Board Certified Neurosurgeon

**REVIEW OUTCOME**

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

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Physical therapy notes, 08/03/09, 08/04/09
2. Neck disability index questionnaire, 08/03/09
3. Previous reviews, 08/13/09, 09/16/09
4. Rebuttal letter from , Physical Therapist, 09/09/09
5. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

This employee reportedly sustained injury while trying to lift tables in xx/xx. She complained that she hurt her neck and upper back. She had been going to chiropractic for treatment, but had not improved. The treating provider is , M.D.

The employee has had physical therapy visits on 08/03/09 and 08/04/09. There is additional physical therapy being requested by the treating provider. There are currently no office medical records for review. The only notes for review are physical therapy notes and prescriptions for physical therapy.

There is also a rebuttal letter dated 09/09/09 from , P.T. requesting more physical therapy. There is a prior review and two appeals with continued non- certification. Dr. denied therapy on 08/13/09 stating a lack of clinical information.

Dr. denied therapy on appeal on 09/16/09 stating minimal relevant clinical information. Diagnosis is 722.0, 723.21.

According to the current **Official Disability Guidelines** physical therapy guidelines in the neck chapter, the guidelines allow for fading treatment frequency from up to three visits a week or less, less self acted/directed home pt. **Official Disability Guidelines** Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the [ODG Preface](#), including assessment after a "six-visit clinical trial".

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

See 722.0 for post-surgical visits

Post Laminectomy Syndrome (ICD9 722.8):  
10 visits over 6 weeks

Fracture of vertebral column without spinal cord injury (ICD9 805):  
Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 34 visits over 16 weeks

Fracture of vertebral column with spinal cord injury (ICD9 806):  
Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 48 visits over 18 weeks

Work conditioning (See also [Procedure Summary](#) entry):  
10 visits over 8 weeks

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

There is a paucity of medical records provided for review. There is no reported mechanism of injury provided, as well there has not been and provided physician office notes for review. There is also a lack of physical therapy goals and plans to

follow ***Official Disability Guidelines*** by transitioning into a home program. Given the paucity of medical information provided, and the lack of current physical examination from a medical provider, the medical necessity for continued physical therapy is not established at this time and agreement is made with the prior reviewers.

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

1. **Official Disability Guidelines, Neck Chapter, Online Version**