

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/10/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

4 PT visits for the cervical spine

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC 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

OD Guidelines

Denial Letters 8/14/09 and 8/25/09

8/14/09 and 8/24/09

8/7/09

Dr. 7/20/09 thru 8/11/09

PATIENT CLINICAL HISTORY SUMMARY

This is a xx year old man injured xx/xx/xx. He attended 11 of 17 PT sessions (8/7/09). He continues to complain of pain, stiffness and reduced motion. An additional 4 sessions are requested. The therapist described reduced some suboccipital soreness. "He has not achieved any more of the functional goals established but is making good progress towards them." The therapist wanted the additional therapy to meet the goals. The request was for 4 sessions of therapy over 1 week to include therapeutic exercise, neuromuscular reeducation and manual therapy. The therapist wrote, "A home exercise program will be developed." Dr. noted that he remains on 4 Lortab for his pain and this had not decreased. Dr. wrote that he had disc herniations at C5/6 and C6/7, but there were no MRI reports.

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

The ODG recommendations for the therapy sessions are generally 9-10 sessions at a reduced frequency to 1 a week that includes the development of a home exercise program. The description here is for 4 daily sessions of therapy to include the development of a home program. This is to supplement the prior 11 sessions given. First, he missed several sessions, apparent one for illness. Second, the intensity of the program is to be reduced to one session, rather than increased to 4 daily sessions. He was to have completed a home program, but the plan is now to instruct him in one. Further, he has not met his goals, but there is hope he will with an additional 4 sessions of treatment. There was no explanation for the variance in his not progressing or why he needed to increase/extend the program at this time. The Reviewer is not able to justify the additional therapy sessions with the information provided.

Physical therapy (PT)

Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. ([Rosenfeld, 2000](#)) ([Bigos, 1999](#)) For mechanical disorders for the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. ([Philadelphia, 2001](#)) ([Colorado, 2001](#)) ([Kjellman, 1999](#)) ([Seferiadis, 2004](#)) Physical therapy seems to be more effective than general practitioner care on cervical range of motion at short-term follow-up. ([Scholten-Peeters, 2006](#)) In a recent high quality study, mobilization appears to be one of the most effective non-invasive interventions for the treatment of both pain and cervical range of motion in the acutely injured WAD patient. ([Conlin, 2005](#)) A recent high quality study found little difference among conservative whiplash therapies, with some advantage to an active mobilization program with physical therapy twice weekly for 3 weeks. ([Kongsted, 2007](#)) See also specific physical therapy modalities, as well as [Exercise](#).

ODG 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

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)