



IMED, INC.

11625 Custer Road • Suite 110-343 • Frisco, Texas 75035
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

Notice of Independent Review Decision

DATE OF REVIEW: 03/30/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Outpatient chiropractic physical therapy (PT) three (3) times a week for three (3) weeks consisting of therapeutic exercise, mechanical traction and chiropractic manipulation as related to the upper back, low back and left ankle/foot for no more than 4 units per session.

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

Texas Board Certified Physical Medicine & Rehabilitation and Pain Management

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. IRO referral form.
2. Notice of employee's work related injury/illness.
3. Radiology report lumbar spine 11/06/09.
4. Prescription form 10/27/09 Naprosyn and Flexeril.
5. Handwritten office notes 11/06/09, 11/13/09, and 12/03/09.
6. Treatment / SOAP notes D.C. 12/02/09, 12/04/09, 12/07/09, 12/09/09, 12/11/09, 12/14/09, 12/16/09, 12/18/09, 12/22/09, 01/04/10, 01/18/10.
7. Notice of utilization review findings 01/12/10.
8. Notice of utilization review findings 01/27/10.
9. ***Official Disability Guidelines***

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female whose date of injury is xx/xx/xx. On that date the employee reportedly walked out of the bathroom and slipped on pool of water on floor in front of file cabinets. The employee reportedly injured her ankle, leg, chest, rib area (left side), and back (right side). The records indicate the employee was treated with chiropractic manipulation / adjustment to lumbar spine with kinetic mobilization therapy, therapeutic exercise, and manual therapy.

A request for outpatient chiropractic physical therapy 3xWk x 3Wks consisting of therapeutic exercise, mechanical traction, and chiropractic manipulation was reviewed

on 01/12/10. The reviewer determined medical necessity was not established for additional treatment per **Official Disability Guides**, Low Back Chapter, "Lumbar Sprains and Strains: 10 visits over 8 weeks." The employee was noted to have had 6 treatments to date; however, there is no documentation as a result of initial course of care. The employee continued to note pain at 9/10 on VAS scale. Without documentation outlining the claimant's initial complaints and improvement as result of initial treatment, the reviewer determined medical necessity for nine additional treatments could not be established.

A reconsideration/appeal request was reviewed on 01/27/10. Reviewer noted to date six sessions of care has been implemented. The claimant completed six sessions of care from 12/04/09 - 12/14/09. There was no clinical rationale to establish with therapeutic records that provide efficacy in quantitative / qualitative manner for ongoing chiropractic management of this claimant's condition. The reviewer noted it would not be advisable to use beyond two to three weeks if signs of objective progress or functional restoration are not demonstrated.

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

Medical necessity for the requested Outpatient chiropractic physical therapy (PT) three (3) times a week for three (3) weeks consisting of therapeutic exercise, mechanical traction and chiropractic manipulation as related to the upper back, low back and left ankle/foot for no more than 4 units per session is not established based on the clinical data presented for review. The employee is noted to have sustained an injury when she slipped and fell on a pool of water. X-rays revealed no abnormal findings.

The employee has undergone chiropractic manipulation/adjustment with kinetic activity and therapeutic exercise performed by, D.C. There is no detailed description of the exact nature of the "kinetic activity" and "therapeutic exercise" performed. Moreover, there is no objective evidence of improvement in response to treatment. Objective findings reported on treatment note dated 12/02/09 indicated there was evidence of moderate pain level at C1-L6 bilaterally, with moderate hypertonicity on palpation of suboccipital muscles, cervical paraspinal muscles, upper thoracic muscles, mid thoracic muscles, lower thoracic muscles, and lumbar paraspinal muscles bilaterally. Objective findings reported on the treatment note dated 01/18/10 reports the exact same findings as initially reported on 12/02/09. Given lack of objective evidence of improvement in response to treatment, the request for additional sessions of chiropractic physical therapy is not medically necessary, and was appropriately denied on previous reviews.

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

2010 **Official Disability Guidelines**, 15th Edition, Low Back chapter, Online Version

Chiropractic

See [Manipulation](#).

Manipulation

ODG Chiropractic Guidelines:

Therapeutic care –

Mild: up to 6 visits over 2 weeks

Severe:* Trial of 6 visits over 2 weeks

Severe: With evidence of objective [functional improvement](#), total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity

Elective/maintenance care – Not medically necessary

Recurrences/flare-ups – Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care

* Severe may include severe sprains/strains (Grade II-III¹) and/or non-progressive radiculopathy (the ODG Chiropractic Guidelines are the same for sprains and disc disorders)

ODG Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 or more 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".

Lumbar sprains and strains (ICD9 847.2):

10 visits over 8 weeks