

82SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: August 17, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Four physical therapy sessions.

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

CHIROPRACTOR

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

Medical records from the URA include:

- Official Disability Guidelines, 2008
- Employers First Report of Injury or Illness, 10/28/08
- DWC-69, Report of Medical Evaluation, 12/16/08
- M.D., 04/02/09, 04/03/09, 02/17/10, 04/13/10
- M.D., P.A., 10/14/09
- Texas Department of Insurance, 02/11/10, 04/12/10, 08/06/10
- D.C., 06/07/10
- M.D., Ph.D., 06/28/10
- Injury Center, 07/19/10, 07/28/10
- D.C., 07/22/10
- , 07/22/10, 08/03/10
- D.C., 08/03/10
- Ms., 10/29/08

Medical records from the Requestor/Provider include:

- Texas Department of Insurance, 08/06/10
- Orthopaedics, 02/04/09
- M.D., 11/04/08, 11/18/08
- Imaging, 05/04/09
- Orthopedics, 05/13/09
- D.C., 06/07/10, 08/12/10
- Injury Center, 06/10/09
- M.d., Ph.D., 06/28/10

PATIENT CLINICAL HISTORY:

The patient is a female that reported a work-related injury on xx/xx/xx, in which she states that while attempting to pull a box off of a shelf inside the freezer that several other boxes fell and landed on her head and right shoulder.

An MRI of the cervical spine revealed the presence of two disc protrusions and moderate spondylosis at the same levels. It was the opinion of the reviewing physician that the disc protrusions were part of a degenerative process and not a result of the injury on xx/xx/xx.

There were electrodiagnostic studies performed by Dr. on November 24, 2008, a neurologist who confirmed the absence of radiculopathy.

On December 6, 2008, M.D., concluded that the patient had reached maximum medical improvement with a 0% impairment rating.

On April 2, 2009, the patient was evaluated by, M.D., an orthopedic surgeon who confirmed Dr.'s determination that she had indeed reached maximum medical improvement with a 0% impairment rating.

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

The purpose of this IRO is to determine the medical necessity for physical therapy treatments. The patient was found to be at maximum medical improvement with a 0% impairment rating. This determination was confirmed by a second independent physician. As such, I see no medical necessity for further treatment. There were no other treatment or physical therapy notes provided. This patient has already undergone the physical therapy that was recommended by the ODG Guidelines.

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)