

Envoy Medical Systems, L.P.  
1726 Cricket Hollow Dr.  
Austin, TX 78758

PH: (512) 248-9020  
FAX: (512) 491-5145

*Notice of Independent Review Decision*

**DATE OF REVIEW:** 3/5/10

**IRO CASE #:**

Description of the Service or Services In Dispute  
Physical therapy 2 x wk x 4 wk 4 units each

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

Physician Board Certified in Neurological Surgery

**REVIEW OUTCOME**

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

Upheld	(Agree)
<b>X</b> Overturned	(Disagree)
Partially Overturned	(Agree in part/Disagree in part)

Description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse determination letters, 2/2/10, 1/25/10  
1/25/10 H&P examination report, Dr.  
PT reports, January 2010  
PT communication note 12/21/09  
Office consult reports, Dr., 12/21/09  
11/30/09 Consult report, Dr.  
Discharge summary 11/16/09 with progress notes  
Infectious disease notes  
12/10/09 Electrodiagnostic testing report  
Cervical MRI report 11/20/09 with reference to previous reports of October 2009  
Operative report re ESI's 4/27/09, 9/28/09  
ODG guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male, who in xxxx fell while working and injured his neck. He has had intermittent severe neck pain since that time, with ESI's in the cervical spine relieving his pain up to 70-80 percent and lasting for months. He had another severe onset of discomfort in his cervical spine, which led to another ESI on 9/28/09. The patient developed weakness primarily in the right upper extremity, with numbness in the right upper extremity, and an MRI reevaluation suggested epidural abscess formation, and myelopathy. The patient was treated with antibiotics, and an 11/20/09 MRI showed the clearing of the epidural

abscess, with improvement regarding any spinal cord compression. The patient continues with weakness in the right upper extremity, and numbness.

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

I disagree with the decision to deny the requested physical therapy. The patient's circumstances, while created by the xxxx injury, are completely new. There is evidence on examination and MRI of significant new neurologic difficulties. Physical therapy is a modality frequently used under these circumstances, and in this case the proposed course of physical therapy is indicated.

**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 KNOWLEDGBASE
- 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)