

SENT VIA EMAIL OR FAX ON
May/15/2010

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

14 sessions of physical therapy for the cervical spine, left shoulder, and lumbar 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 3/31/10 and 3/15/10

Clinic 3/16/10 thru 4/26/10

Spine 3/2/10

Electrodiagnostic Study 3/11/10

Dr. 3/11/10

Re-Eval 3/8/10

Progress Notes 5/24/09 thru 3/8/10

PATIENT CLINICAL HISTORY SUMMARY

This is a woman. She sustained an injury to her neck and shoulder moving a box on a conveyor belt on x/xx/xx. The IRO reviewer did not have diagnostic studies of the neck or shoulder. Electrodiagnostic studies suggested a left C7 radiculopathy based upon a left Fulnar latency, but the needle examination was normal. The prior reviewers stated that she had 10 sessions of physical therapy in 7/09. There is a request for 14 additional sessions.

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

Cervical pain, sprain and radiculopathy are eligible for 9-12 therapy sessions over 8 weeks. Lumbar pain and strain can receive up to 10 sessions. Shoulder strains and rotator cuff injuries are also eligible for up to 10 sessions. All the therapies are to be given on a reduced frequency with emphasis on the acute management. The current request is almost 20 months post injury. She had the prior therapies. The request for the additional therapies exceeds the amount approved for a fresh injury. There was no information to describe why a variance from the ODG should be followed.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)