

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/11/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97110 Initial Physical Therapy Cervical Spine x 10 Sessions over 8 wks 4 Units per Session;
97530 Therapeutic Activities Cervical Spine x 10 Sessions 8 wks 4 units per Session

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

Chiropractor
AADEP Certified
Whole Person Certified
Certified Electrodiagnostic Practitioner

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

ODG Guidelines
Adverse Determinations, 2/24/10, 3/4/10
Rehab 12/30/09, 2/22/10, 4/7/10, 3/22/10
Imaging 3/10/10
The Spine 3/29/10, 3/30/10
2/3/10, 2/2/10, 1/21/10, 2/18/10
AR CMI 12/30/09
Script 1/21/10
M.D. 2/16/10
M.D. 3/10/10, 3/19/10
M.D. 3/26/10, 4/9/10
NCV/EMG 4/9/10
Center 1/22/09
Medical Center 2/17/09
Lab 2/23/09
M.D. 2/26/09

PATIENT CLINICAL HISTORY SUMMARY

The injured employee was attempting to stop a xxx when they both fell to the ground. The injured employee was initially seen and treated at Medical Center. The injured employee eventually transferred to on 2-22-2010. The injured employee was seen by a neurologist and spinal orthopedic surgeon. The injured employee underwent an EMG/NCV, MRI cervical spine, CT scan of the head, MRI of the left shoulder, MRI of the brain, and polysomnogram, medication management, and FCE.

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

The request for physical therapy is not supported by the ODG recommendation of a 6 visit clinical trial session. The reviewer finds that medical necessity does not exist for 97110 Initial Physical Therapy Cervical Spine x 10 Sessions over 8 wks 4 Units per Session; 97530 Therapeutic Activities Cervical Spine x 10 Sessions 8 wks 4 units per Session.

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)