

SENT VIA EMAIL OR FAX ON
Nov/03/2010

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/03/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy Cervical 3 X wk X 2 wks: 2 units per session; Manual Therapy Cervical 3 X wk X 2 wks: 2 units per session

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

AADEP Certified

Whole Person Certified

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology

Chiropractor Physician

Clinical practice 10+ years in Chiropractic WC WH Therapy

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 9/13/10 and 9/20/10

7/24/09 thru 9/21/10

DDE 10/26/10

IRO Summary 10/28/10

7/17/09 thru 7/21/09

RSL 161 pages 7/17/09 thru 10/28/10

PATIENT CLINICAL HISTORY SUMMARY

The injured worker was injured on xx/xx/xx. The injured employee was apparently lifting an air conditioner when he injured his neck and low back. The injured employee was initially seen at Medical Center. MRI of the cervical spine revealed a left C6-7 osteophyte or

disk/osteophyte complex with minimal mass effect on the spinal cord and moderate to severe foraminal stenosis. In addition to degenerative changes from C3-4 through C5-6 which results in a mild central canal and mild to moderate foraminal stenosis. FCE was performed on 7/24/09, 8/29/09, 9/23/09, 10/21/09, and 11/24/09. EMG/NCV was performed on 10/15/2010 and indicated a mild left ulnar neuropathy at the elbow, sensory radiculopathy, or C7 and/or C8 radiculopathy. The injured employee underwent a DD examination on 10/02/2010, placed at MMI and assigned a 15% whole person impairment. The injured employee has undergone pharmaceutical management, physical therapy, FCE, MRI cervical spine w/out contrast, EMG/NCV, and DD examination. The injured employee was last treated in 11/2009. The injured employee was recently seen by Dr. who has recommended 6 sessions of therapy.

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

This injury is over year old and 16 sessions of physical therapy have been performed. ODG recommends 12 sessions over 10 weeks, which have been exceeded. Medical records and documentation provided do not provide significant evidence to go outside the OD guidelines.

<p>Physical therapy (PT)</p>	<p>Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. (Rosenfeld, 2000) (Bigos, 1999) For mechanical disorders for the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. (Philadelphia, 2001) (Colorado, 2001) (Kjellman, 1999) (Seferiadis, 2004) Physical therapy seems to be more effective than general practitioner care on cervical range of motion at short-term follow-up. (Scholten-Peeters, 2006) In a recent high quality study, mobilization appears to be one of the most effective non-invasive interventions for the treatment of both pain and cervical range of motion in the acutely injured WAD patient. (Conlin, 2005) A recent high quality study found little difference among conservative whiplash therapies, with some advantage to an active mobilization program with physical therapy twice weekly for 3 weeks. (Kongsted, 2007) See also specific physical therapy modalities, as well as Exercise.</p> <p>ODG Physical Therapy Guidelines – Allow for fading of treatment frequency (from up to 3 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".</p> <p>Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks</p> <p>Sprains and strains of neck (ICD9 847.0): 10 visits over 8 weeks</p> <p>Displacement of cervical intervertebral disc (ICD9 722.0): Medical treatment: 10 visits over 8 weeks Post-injection treatment: 1-2 visits over 1 week Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks Post-surgical treatment (fusion, after graft maturity): 24 visits over 16 weeks</p>
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	Degeneration of cervical intervertebral disc (ICD9 722.4): 10-12 visits over 8 weeks See 722.0 for post-surgical visits Brachia neuritis or radiculitis NOS (ICD9 723.4): 12 visits over 10 weeks
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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)