

US Resolutions Inc.

An Independent Review Organization
1115 Weeping Willow
Rockport, TX 78382
Phone: (512) 782-4560
Fax: (207) 470-1035
Email: manager@us-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/09/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97110 Initial Physical Therapy Cervical 3x/week x 2 wks; 2 Units per Session;
97140 Manual Therapy Cervical 3x/week x 2weeks; 2 Units per Session

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management
Board Certified in Electrodiagnostic Medicine

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

Official Disability Guidelines
8/13/10, 9/3/10
Clinic 7/26/10 - 8/10/10
Work 7/28/10 - 8/27/10
M.D. 9/15/10

PATIENT CLINICAL HISTORY SUMMARY

This woman was reportedly injured xx/x/xx It is unclear if the pop she felt developed when she bent forward or was lifting a 7-pound box. She describes neck pain and numbness (sleepiness) in both hands/fingers. There are several exams that describe local cervical tenderness, normal strength and reflexes. She originally had reduced sensation in the 3 fingers of both hands, then in the 2-4 digits of the right hand and then the sensory exam was described as normal. The remaining neurological exam was normal. The x-ray showed osteophytes and age related changes between C4-5. She had CTS surgery nearly 20 years ago. Her numbness occurs when she turns her head. Flexeril, a muscle relaxer, did not help the numbness. The therapist requested thrice weekly therapy for 2-3 weeks. The patient reported improvement with a single 15 min therapy session.

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

For this injury, the ODG recommends a 6-session trial with the target of therapy starting at 3

sessions per week and being reduced. The ODG places emphasis on a home program supervised by a therapist to reduce loss of cervical motion. "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy." Based upon medical records and ODG criteria, there is medical necessity for the 6 sessions of therapy for this patient. The reviewer finds that there is medical necessity for 97110 Initial Physical Therapy Cervical 3x/week x 2 wks; 2 Units per Session and 97140 Manual Therapy Cervical 3x/week x 2weeks; 2 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)