



Southwestern Forensic
Associates, Inc.

Amended September 21, 2010

REVIEWER'S REPORT

DATE OF REVIEW: 09/16/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy, four units per session, three times a week times two weeks

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., practicing for eighteen years with emphasis on therapeutic rehabilitation

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. 08/30/10, TDI fax cover to Southwestern Forensics, one page
2. 08/27/10, Claims Management, Incorporated, fax cover to HWCN, one page
3. 08/27/10, notes from, the, Incorporated, one page
4. 08/27/10, confirmation of receipt of a request for a review by an IRO, seven pages
5. 08/03/10, peer review for 97110, three times a week for two weeks times four units per session; 97112, neuromuscular re-education, lumbar/cervical, bilateral wrists, three times a week times two weeks, two units per session; 97140, manual therapy, lumbar/cervical, bilateral wrists, three times a week times two weeks, two units per session. This was an adverse determination, two pages
6. 08/18/10, 97110, request for physical therapy lumbar/cervical, bilateral wrists, three times a week times two weeks at four units per session, two pages
7. 08/30/10, notice to of case assignment, one page
8. 08/30/10, IRO summary, two pages
9. 07/27/10, Employer's First Report of Injury or Illness, one page
10. 08/27/10, Notice of Denial of Compensability and Refusal to Pay Benefit, one page
11. 07/19/10 through 08/23/10, Healthcare and Rehabilitation exam and SOAP notes, ten pages
12. Undated, Chiropractic and Rehabilitation exercises, two pages
13. 01/17/06 through 01/26/10, Medical Center, twenty-three pages
14. 01/16/06 through 01/18/06, Hospital, nine pages
15. 08/22/06, D.O., one page

- 16. 01/14/06, Regional Medical Center, five pages
- 17. 01/26/06, Hospital records, six pages

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee presented to on 07/19/10 through 08/23/10 for care. Healthcare recommended that physical therapy be started for three times a week times two weeks times four units, which was denied and appealed. The case was denied and sent to IRO.

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

The injured employee allegedly was injured on xx/xx/xx though no records are included which support an injury on that date. The injured employee does not seem to have reported the injury to the employer until xx/xx/xx. No report of injury was found prior to that date. The symptoms could not be related to a specific date of injury. The request is not medically necessary based on my eighteen years of clinical experience and on the ODG guidelines.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- ACOEM-American 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)