Medwork Independent Review

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ACCREDITED INDEPENDENT REVIEW ORGANIZATION

DATE OF REVIEW: 08/25/2011 Amended: 08/25/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
97110 physical therapy cervical/thoracic spine x12 sessions, 4 units per session

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Texas Sate Licensed Doctor of Chiropractic

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to Medwork 08/08/2011
2. Notice of assignment to URA 08/08/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 08/05/2011
4. Company Request for IRO Sections 1-3 undated
5. Request For a Review by an IRO patient request 07/27/2011
6. Insurance 07/28/2011, 07/27/2011, Medicals 08/08/2011, 07/22/2011, 07/18/2011, 07/08/2011, 07/05/2011, 07/04/2011, 08/03/2011, 07/08/2011, 07/07/2011, 07/06/2011, 07/05/2011.
7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:
The claimant is a female who was injured in an on the job injury, on xx/xx/xx. She was working when she suddenly felt a sharp pain from the neck and upper back, radiating into her left shoulder blade and left shoulder. The intensity of the pain caused her to drop the case into the cart and report the injury to her supervisor. She did not seek professional attention initially, opting to self treat at home with over the counter analgesics, a topical balm (ICY HOT) and sat in a massage chair. After a few days, she noted the pain was worsening, and felt her work duties were aggravating her problems. The treatment records provided indicate medical management using Naprosyn, anti-inflammatory medications, and a muscle relaxant (Skelaxin). The original treating doctor diagnosed the patient with a cervical and thoracic sprain/strain, and sent her back to work, but with a weight lifting restriction (no more than 20 pounds). The current requesting provider diagnosed the claimant with cervical radiculitis and thoracic sprain and strain. His proposed treatment plan involved a two phase program with an initial, multimodal passive phase,

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followed by a second, active phase. He also planned to send the patient out for plain film x-rays of the cervical and thoracic spine, and depending on outcomes, perhaps an MRI of the cervical spine. Review request is for 97110 physical therapy cervical/thoracic spine x12 sessions, 4 units per session.

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

According to current Official Disability Guidelines the claimants diagnosis brachia neuritis or radiculitis NOS (ICD9 723.4), does allow for 12 physical visits over 10 weeks. Although the preface to the physical therapy session does encourage fading of treatment, and the use of self directed, at home exercise therapy, the preface does not contradict the specific recommendation for use of physical therapy for 12 (twelve) visits, over 10 (ten) weeks. The claimant has lost strength in her left thumb and index finger, and documents say she has a normal grip except for the inability to exert strength with the thumb and index finger, since both of them are normally required for a proper, complete grip. Records also indicate that the current requesting provider found an absent left brachioradialis reflex, increased tenderness and hypertonicity in the cervical spine, extending into trapezii on the left side. There were positive orthopedic tests reported which tested the cervical spine and tests which provoked radicular symptoms in the left upper extremity. A decrease in cervical range of motion was also documented. The requesting provider is asking for 97110 physical therapy cervical/thoracic spine x12 sessions, 4 units per session. This would be active care, and conservative, active therapy has not been tried on this patient, and the ODG guidelines support a trial of conservative, active care for the diagnosed conditions. In review of the records presented, the request for 97110 physical therapy cervical/thoracic spine x12 sessions, 4 units per session, is supported under the present ODG guidelines; therefore, the insurer's decision to deny is overturned.

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

- ☐ **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 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**

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- ☐ **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)**