



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

DATE OF REVIEW: 11-30-11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

6 sessions of physical therapy to the right knee

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

Board Certified in Occupational Medicine
American Board of Preventive 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)

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

- MD., office visit.
- Physical Therapy at on 5-11-11, 5-13-11, 5-17-11, 5-23-11, 5-24-11, 5-25-11, 6-6-11, 6-8-11, 6-15-11, 6-16-11, 6-20-11, 7-7-11, 7-11-11.
- 5-18-11, 5-26-11 MD., office visits.
- 5-27-11 MRI of the right knee performed by MD.
- 6-1-11 MD., office visit.
- 6-7-11 MD., office visit.
- 6-14-11 MD., office visit.
- 7-5-11 MD., office visit.
- 7-12-11 MD., office visit.
- 7-19-11 MD., office visit.
- 7-22-11 MD., surgery.

- 7-26-11 MD., office visit.
- 7-27-11 MD., office visit.
- Physical Therapy at on 7-29-11, 8-1-11, 8-2-11, 8-9-11, 8-15-11, 8-16-11, 8-18-11, 8-30-11, 9-2-11, 9-9-11, 9-12-11, 9-13-11, 9-22-11.
- 8-3-11 MD., office visit.
- 8-9-11 MD., office visit.
- 8-25-11 MD., office visit.
- 8-26-11 MD., office visit.
- 8-30-11 Physical Therapy Re-Evaluation.
- 9-6-11 MD., office visit.
- 9-15-11 MD., office visit.
- 9-15-11 UR denial for six sessions of physical therapy to the right knee.
- 9-16-11 MD., office visit.
- 9-19-11 MD., office visit.
- 9-30-11 MD., office visit.
- 10-13-11 MD., office visit.
- 10-18-11 UR Per Physician Advisor.
- 10-20-11 MD., office visit.

- 10-27-11 MD., office visit.
- 11-10-11 MD., office visit.
- 11-17-11 Prospective Peer Review performed MD.

PATIENT CLINICAL HISTORY [SUMMARY]:

5-9-11 MD., the claimant presents to the clinic for a right knee complaint. Decreased range of motion is reported in flexion and extension. The claimant reports pain on medial, lateral, posterior and anterior side of the knee. Popping is reported. The claimant reports a pain level of (Visual Analog Scale) 3. Swelling is reported. Physical Examination: Knee: Inspection no obvious deformities. Range of motion 15 degrees flexion, 15 degrees extension. Tenderness reported diffuse. Muscle testing decreased leg extension and decreased flexion. Effusion noted diffuse. Medial collateral ligament demonstrates laxity. Lateral collateral ligament demonstrates laxity. Diagnosis: Right sprain knee and leg. Plan: The claimant was prescribed Skelaxin and Arthrotec. Physical therapy evaluation and treat on right knee for essential functions, functional improvement, dynamic activities, gait-stair training, transfer training, ADL performance, and home exercise program. Follow work restrictions. DWC-73: The claimant was returned to work from 5-9-11 through 5-17-11 with restrictions.

Physical Therapy from 5-11-11 through 7-11-11 (13 visits)

Follow-up visit with Dr. on 5-18-11, 5-26-11 notes the claimant was continued with physical therapy. The claimant was prescribed Skelaxin. Referral to the ortho knee. Follow work restrictions.

5-27-11 MRI of the right knee performed by, MD., showed there is a moderate to moderately large oblique tear involving the posterior horn, of the medial meniscus. The tear extends to the inferior articular margin. There is moderate cartilage loss in the medial compartment with some patchy subchondral edema along the tibial aspect of the joint space. There is moderate cartilage loss in the patellofemoral compartment with minimal bony overgrowth and mild subchondral edema. A small effusion.

Follow-up visit with Dr. on 6-1-11 notes the claimant was continued with physical therapy. The claimant was prescribed Skelaxin, Arthrotec. Follow work restrictions.

6-7-11 MD., the claimant employed as a with a history of twisting his right knee at work on xx/xx/xx. He is being referred by his treating doctor. The claimant has had conservative treatment consisting of physical therapy and medication since his injury

and has not improved. Physical Examination: On physical examination of the right knee, there is tenderness in the medial joint line area and medial collateral ligament area. Neurovascular to the right leg is within normal limits. The claimant complains of pain and popping in his right knee. MRI of the right knee shows a large oblique tear of the posterior horn of the medial meniscus that extends to the inferior articular margin. X-rays of the right knee do not show the presence of a recent fracture or dislocation. Plan: The claimant is a candidate for an arthroscopy of the right knee. The evaluator counseled the claimant and he agrees to have the surgery. He will follow-up with his treating doctor for surgical clearance lab work (BUN, Creatinine, and Electrolyte panel). He is scheduled for a follow-up on 7-12-11. He will need to bring in recent labs for this appointment.

Follow-up visit with Dr. on 6-14-11 notes the claimant was continued with physical therapy. The claimant was prescribed Skelaxin. Follow work restrictions.

Follow-up visit with Dr. on 7-5-11 notes the claimant was continued with physical therapy. No medication required. Follow work restrictions.

7-12-11 MD., the claimant still complaining of tenderness in his right knee. Neurovascular to the left foot is within normal limits. He has been treated conservatively with only mild improvement. The claimant needs a diagnostic operative arthroscopy; however, he is going to have dental work and needs some penicillin. The evaluator is going to postpone his surgery until next week to avoid a bacteremia from the dental procedure at the postop level. The evaluator is going to see him for follow-up on Tuesday and he plans to schedule him on Friday of next week.

7-19-11 MD., the claimant still with tenderness in his right knee. Neurovascular to the right foot is within normal limits. He has been fully counseled on the risks and benefits of the procedure and will undergo a diagnostic operative arthroscopy in his right knee in the next few days.

7-22-11 MD., preoperative diagnosis: Internal derangement, right knee and postoperative diagnosis: Acute synovitis, tear of the posterior half of the medial meniscus, tear of the axilla of the lateral meniscus, abrasion with chondromalacia of the medial femoral condyle, adhesions in the intercondylar notch area, loose body in the medial compartment. Procedure: Diagnostic arthroscopy. Partial synovectomy, two compartments. Partial medial meniscectomy. Partial lateral meniscectomy. Medial femoral condylar chondroplasty. Lysis of adhesions in the intercondylar notch area. Removal of loose body.

7-26-11 MD., the claimant returned for follow-up today post arthroscopy of the right knee. Doing well. Stitches out. No sign of infection. Neurovascular to the right foot is fine. Start physical therapy. See for follow-up in 10 days.

7-27-11 MD., the claimant states that overall the symptoms have decreased. Range of motion has remained the same. The claimant's gait has remained the same. Pain level has decreased. The claimant reports a pain level of (Visual Analog Scale) 3. Swelling has decreased. Bruising is reported decreased. Stability has remained the same. Popping has resolved. Diagnosis: Right sprain knee and leg. Plan: Continue physical therapy. No medication required. Follow work restrictions. DWC-73: The claimant was returned to work from 7-27-11 through 8-3-11 with restrictions.

Physical Therapy from 7-29-11 through 9-22-11 (13 visits)

8-3-11 MD., the claimant states his right knee is doing better. Diagnosis: Right sprain knee and leg. Plan: Continue physical therapy. Further rehab is needed because post op meniscal re-pain, decrease pain, increase ROM. No medication required. Follow work restrictions. DWC-73: The claimant was returned to work from 8-3-11 through 8-24-11 with restrictions.

8-9-11 MD., the claimant back for follow-up today post arthroscopy of the right knee about 2 weeks ago. Doing well. The claimant is a and he has to walk on the field. He states he is not squatting or doing anything aggressive. There is a little bit of tenderness in the medial collateral ligament in the right knee. Neurovascular to the right foot is fine. Range of motion is 0 to 100 degrees. The evaluator counseled him on the exercises that he needs to do in therapy. The evaluator gave him anti-inflammatory medication. The evaluator is going to see him back for follow-up in 2 weeks. The claimant was fully counseled.

8-25-11 MD., the claimant returned for follow-up today post arthroscopy of the right knee. The claimant doing well is on physical therapy. The evaluator talked to the therapist on the exercises that he needs to do. Quadriceps is getting stronger but they are still not symmetrical. He is going to continue physical therapy and he will need physical therapy for about 4 more weeks. The evaluator counseled him. He is going to continue physical therapy and he continues to work. He works as a . The evaluator is going to see him back for follow-up in 2 weeks.

8-26-11, MD., the claimant states that overall the symptoms have decreased. Range of motion has increased. The claimant's gait has increased. Diagnosis: Right Sprain knee and leg. Plan: Continue physical therapy. No medication required. Follow work restrictions. DWC-73: The claimant was returned to work from 8-26-11 through 9-2-11 with restrictions.

8-30-11 Physical Therapy Re-Evaluation.

9-6-11 MD., the claimant states his right knee is better. The claimant states that overall the symptoms have decreased. Range of motion has increased. The claimant's gait has increased. Pain level has remained the same. The claimant reports a pain level of

(Visual Analog Scale) 2. Swelling has decreased. Bruising is reported decreased. Stability has increased. Diagnosis: Right Sprain knee and leg. Plan: Continue physical therapy. No medication required. Follow work restrictions. DWC-73: The claimant was returned to work from 9-6-11 through 9-16-11 with restrictions.

9-15-11 UR denial for six sessions of physical therapy to the right knee. The physician advisor reported injured worker is a that injured his right knee on xx/xx/xx while demonstrating a. He is status post arthroscopy of the right knee performed on 7/22/11. He underwent partial medial and lateral meniscectomy with chondroplasty of the medial femoral condyle. He has completed post operative physical therapy for 12 visits in additional to 12 visits of physical therapy pro operative. The requested additional physical therapy for six visits exceeds the Official Disability Guidelines and is not justified based on the clinical records submitted with this request. The last clinical note from the requestor dated 9/12/11 was reviewed and does not support the need for ongoing supervised physical therapy based on limited objective data and subjective outcomes. He should be transitioned into a home program at this time. The physician advisor completed peer to peer phone conversation with Dr. on 9/15/11. They discussed case/clinical records and denial rationale.

Follow-up visit with Dr. on 9-16-11 notes the claimant was continued with physical therapy. No medication required. Follow work restrictions. PT denied, appealed.

9-15-11MD., the claimant back for follow-up today post arthroscopy of the right knee. Doing better. He is on physical therapy. The claimant is a. There is full range of motion. The quadriceps is still not symmetrical. The evaluator feels that the chondromalacia is not something that came directly from the injury and in all medical probability he had chondromalacia before that injury occurred even though the claimant was not symptomatic. Second, the evaluator feel that the loose body could have been the result of the trauma that resulted in the injury and the evaluator feel that if he would have had a loose body in the knee before, it would have been symptomatic. He was fully counseled as to this. To his professional opinion, the chondromalacia is not related to the worker's comp injury but the loose body is. He is going to continue physical therapy. The evaluator is going to see him back for follow-up in 2 weeks.

9-19-11 MD., the claimant the claimant states that overall the symptoms have remained the same. Physical therapy denied. Diagnosis: Right sprain knee and leg. Plan: Continue physical therapy. No medication required. Follow work restrictions. PT denied, appealed. DWC-73: The claimant was returned to work from 9-19-11 through 9-30-11 with restrictions.

9-30-11 MD., the claimant states he doesn't really have any pain today. Diagnosis: Right sprain knee and leg. Plan: Continue physical therapy. No medication required. Follow work restrictions. DWC-73: The claimant was returned to work from 9-30-11 through 10-14-11 with restrictions.

10-13-11 MD., the claimant states that overall the symptoms have remained the same. Diagnosis: Right Sprain knee and leg. Plan: Continue physical therapy. No medication required. Follow work restrictions. PT denied, appealed. DWC-73: The claimant was returned to work from 10-13-11 through 10-27-11 with restrictions.

10-18-11 UR Per Physician Advisor: Deny: Note of 9/30/11 indicated that the patient essentially had no pain. The provided notes did not document any significant findings. No justification was provided to necessitate exceeding the Official Disability Guideline's recommendation. The patient should transition to a home exercise program. The physician advisor completed peer to peer phone conversation with Dr. on 10/17/11. They discussed case/clinical records and denial rationale.

10-20-11 MD., the claimant states that he is not on therapy any longer; that when he tries to do things for a while his knee is sore. It is sore mostly medially. X-rays of the right knee shows diminished space on the medial side. He already knew that. The quadriceps, however, are about 60% that of the other side. The evaluator went over the exercises that he needs to do at home. The evaluator gave him an infiltration in the medial compartment with Depo-Medrol and Marcaine. The evaluator gave him Arthrotec. He is going to continue strengthening exercises at home taught by him. The evaluator will see him for follow-up in 3 to 4 weeks.

10-27-11 MD., the claimant returned for follow-up. The claimant appeal denied. Diagnosis: Right Sprain knee and leg. Plan: No physical therapy at this time. No medication required. Follow work restrictions. PT appeal considered by the claimant. DWC-73: The claimant was returned to work from 10-27-11 through 11-10-11 with restrictions.

11-10-11 MD., the claimant returned for follow-up. His right knee pain level 4-10. Knee: The claimant states that overall the symptoms have remained the same. Range of motion has remained the same. The claimant's gait has remained the same. Pain level has remained the same. The claimant reports a pain level of (Visual Analog Scale) 2. Swelling has remained the same. Bruising is reported remained the same. Stability has remained the same. Popping has resolved. Diagnosis: Right Sprain knee and leg. Plan: No physical therapy at this time. No medication required. Follow work restrictions. PT appeal considered by the claimant. Referral to the FCE. DWC-73: The claimant was returned to work from 11-10-11 through 12-1-11 with restrictions.

11-17-11 Prospective Peer Review performed MD. The issue in dispute is the denial of preauthorization approval for six sessions of physical therapy to the right knee at Medical Center as requested by Dr.. In response to the request for preauthorization, on 09/15/11, the Physician Advisor stated: "Deny: Injured Worker is a for that injured his right knee on xx/xx/xx while demonstrating a. He is status post arthroscopy of the right knee performed on 07/22/11. He underwent partial medial and lateral

meniscectomy with chondroplasty of the medial femoral condyle. He has completed post operative physical therapy for 12 visits in addition to 12 visits of physical therapy pre operative. The requested additional physical therapy for six visits exceeds the Official Disability Guidelines and is not justified based on the clinical records submitted with this request. The last clinical note from the requestor dated 09/12/11 was reviewed and does not support the need for ongoing supervised physical therapy based on limited objective data and subjective outcomes. He should be transitioned into a home program at this time. The physician advisor completed peer to peer phone conversation with Dr. on 09/15/11. They discussed case/clinical records and denial rationale." In response to a request for reconsideration for six sessions of physical therapy to the right knee at Medical Center as requested by Dr., on 10/18/11, the Physician Advisor stated: Deny: Note of 09/30/11 indicated that the patient essentially had no pain. The provided notes did not document any significant findings. No justification was provided to necessitate exceeding the Official Disability Guideline's recommendation. The patient should transition to a home exercise program. The physician advisor completed peer to peer phone conversation with Dr. on 10/17/11. They discussed case/clinical records and denial rationale." maintains its position that the proposed treatment for six sessions of physical therapy to the right knee at Medical Center as requested by Dr. is not medically reasonable and necessary for the treatment of the compensable injury. Review of medical notes indicates that the claimant is a male, employed as a for the. According to documentation, the claimant twisted his right knee while demonstrating a. Compensable injury is right knee. The carrier has disputed findings of chondromalacia and loose bodies to the right knee as related to the original injury. The claimant's past medical history is reported non-contributory with only known medication listed as Lipitor. His height and weight are unknown. Initially, he had conservative treatment consisting of physical therapy and medication but did not improve. Eventually, the claimant underwent successful knee surgery on 07/22/11 and has been progressing with increased muscular strength and joint stability with increased range of movement after the completion of physical therapy. According to the Lower Extremities Treatment Guidelines, the duration of treatment at any one level of care may be less than or greater than the recommended duration depending upon the documented condition of the injured worker. Medical note from Dr. dated 08/09/11 reported the claimant s/p arthroscopy of the right knee about two weeks ago and doing well. Subsequently, on 10/20/11, Dr. reported that the claimant was not on therapy any longer. Dr. went over the exercises that he needs to do at home. On 11/10/11, Dr. recommended further rehabilitation with physical therapy. However, no significant findings were reported. As stated by the Physician Advisor, there are no other current physical exam findings on recent evaluations that would justify the medical necessity for continued physical therapy that exceeds the Official Disability Guidelines. It is not evident why at this point a home exercise plan would not be indicated. As indicated by the Physician Advisor, the claimant should be independent with a home exercise program at this point of recovery. Further supervised six sessions of right knee physical therapy as suggested by Dr. is not substantiated by the ODG over the continuation with a home exercise program. The provider failed to submit any clinical necessity for

ongoing formal therapy versus an aggressive home exercise program. Therefore, based on the reviewed documentation, the medical necessity for the proposed additional six sessions of supervised physical therapy to the right knee as suggested by Dr. in a patient who has already completed a course of physical therapy consistent with the Official Disability Guidelines, is not substantiated at this time.

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

AFTER REVIEWING THE RECORDS PROVIDED, THERE IS NOT SUFFICIENT DOCUMENTATION OR RATIONALE FOR THE ADDITIONAL THERAPY REQUESTED (6 SESSIONS). THEREFORE, THE REQUEST FOR 6 SESSIONS OF PHYSICAL THERAPY TO THE RIGHT KNEE IS NOT REASONABLE OR MEDICALLY NECESSARY.

ODG-TWC, last update 11-2-11 Occupational Disorders of the Knee - Physical therapy: Recommended. Positive limited evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. See also specific modalities. (Philadelphia, 2001) Acute muscle strains often benefit from daily treatment over a short period, whereas chronic injuries are usually addressed less frequently over an extended period. It is important for the physical therapy provider to document the patient's progress so that the physician can modify the care plan, if needed. The physical therapy prescription should include diagnosis; type, frequency, and duration of the prescribed therapy; preferred protocols or treatments; therapeutic goals; and safety precautions (eg, joint range-of-motion and weight-bearing limitations, and concurrent illnesses). (Rand, 2007) Controversy exists about the effectiveness of physical therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) A randomised controlled trial of the effectiveness of water-based exercise concluded that group-based exercise in water over 1 year can produce significant reduction in pain and improvement in physical function in adults with lower limb arthritis, and may be a useful adjunct in the management of hip and/or knee arthritis. (Cochrane, 2005) Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. In the short term physical therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. (Lowe, 2007) Supervised therapeutic exercise improves outcomes in patients who have osteoarthritis or claudication of the knee. Compared with home exercise, supervised therapeutic exercise has been shown to improve walking speed and distance. (Rand, 2007) A physical therapy consultation focusing on appropriate exercises may benefit patients with OA, although this recommendation is largely based on expert opinion. The physical therapy visit may also include advice regarding assistive devices for

ambulation. ([Zhang, 2008](#)) Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty (including intense physical therapy and exercise) reduced mean hospital length of stay (LOS) from 8.8 days before implementation to 4.3 days after implementation. ([Larsen, 2008](#)) In patients with ACL injury willing to moderate activity level to avoid reinjury, initial treatment without ACL reconstruction should be considered. All ACL-injured patients need to begin knee-specialized physical therapy early (within a week) after the ACL injury to learn more about the injury, to lower the activity level while performing neuromuscular training to restore the functional stability, and as far as possible avoid further giving-way or re-injuries in the same or the other knee, irrespectively if ACL is reconstructed or not. ([Neuman, 2008](#)) Limited gains for most patients with knee OA. ([Bennell, 2005](#)) More likely benefit for combined manual physical therapy and supervised exercise for OA. ([Deyle, 2000](#)) Many patients do not require PT after partial meniscectomy. ([Morrissey, 2006](#)) There are short-term gains for PT after TKR. ([Minns Lowe, 2007](#)) Physical therapy and patient education may be underused as treatments for knee pain, compared to the routine prescription of palliative medication. ([Mitchell, 2008](#)) While foot orthoses are superior to flat inserts for patellofemoral pain, they are similar to physical therapy and do not improve outcomes when added to physical therapy in the short-term management of patellofemoral pain. ([Collins, 2008](#)) This study sought to clarify which type of postoperative rehabilitation program patients should undergo after ACL reconstruction surgery, comparing a neuromuscular exercise rehabilitation program with a more traditional strength-training regimen, and it showed comparable long-term primary and secondary outcomes between the 2 groups at 12 and 24 months. On the basis of the study, the authors recommend a combined approach of strength exercises with neuromuscular training in postoperative ACL rehabilitation programs. ([Risberg, 2009](#)) This RCT concluded that, after primary total knee arthroplasty, an outpatient physical therapy group achieved a greater range of knee motion than those without, but this was not statistically significant. ([Mockford, 2008](#)) See also specific physical therapy modalities by name, as well as [Exercise](#).

Active Treatment versus Passive Modalities: See the [Low Back Chapter](#) for more information. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The most commonly used active treatment modality is Therapeutic exercises (97110), but other active therapies may be recommended as well, including Neuromuscular reeducation (97112), Manual therapy (97140), and Therapeutic activities/exercises (97530).

ODG Physical Medicine 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](#).

Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5):

Medical treatment: 9 visits over 8 weeks

Post-surgical (Meniscectomy): 12 visits over 12 weeks

Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2):

Medical treatment: 12 visits over 8 weeks
Post-surgical (ACL repair): 24 visits over 16 weeks
Old bucket handle tear; Derangement of meniscus; Loose body in knee;
Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72):
9 visits over 8 weeks
Post-surgical: 12 visits over 12 weeks
Pain in joint; Effusion of joint (ICD9 719.0; 719.4):
9 visits over 8 weeks
Arthritis (Arthropathy, unspecified) (ICD9 716.9):
Medical treatment: 9 visits over 8 weeks
Post-injection treatment: 1-2 visits over 1 week
Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks

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
- 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)