# C-IRO Inc.

**An Independent Review Organization**
**7301 RANCH RD 620 N, STE 155-199A**
**Austin, TX 78726**
**Phone: (512) 772-4390**
**Fax: (512) 519-7098**
**Email: resolutions.manager@ciro-site.com**


## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Dec/28/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**
6 supervised rehabilitation sessions

**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:
[ X ] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**
Official Disability Guidelines
11/11/10, 11/22/10
10/29/10 to 11/30/10
ARCMI 12/10/10
5/25/10
Orthopaedics Therapy 5/27/10 to 5/28/10
Maintenance Center 5/24/10 to 9/13/10
M.D. 8/2/10
Imaging Center 8/12/10
FCE 11/17/10

**PATIENT CLINICAL HISTORY SUMMARY**
This is a woman who was injured on xx/xx/xx moving a box. She had ongoing and severe back pain that did not improve with at least 11 therapy sessions at Brazos PT and the Maintenance Center with Dr. Her MRI on 8/12/10 was reported as “No abnormality of the thoracic spine is identified by MRI exam.” She was at a light PDL on testing, but her motion improved with the therapies. Dr. noted that she had not had “physical touch” therapy and wants to include massage and myofascial releases. He commented about how exercise increased her symptoms. The pain drawings show pain in her upper and lower back. Dr. feels PT 3/week for 2 weeks will initiate recovery.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**
The ODG recommends the use of active PT at a reduced frequency to improve pain control.

It starts thrice weekly and is reduced to less than once weekly. Passive treatments are adjunct to active therapy. The cervical and thoracic regions are combined. They permit up to 10 sessions for a neck sprain over 8 weeks. The ODG recommends 9-10 sessions over 5-8 weeks for most nonsurgical lumbar problems. This patient had 11 sessions to date. Dr. noted he wants to provide the hands on for “physical touch” treatment. The ODG states, “There is limited evidence for the effectiveness of massage as an add-on treatment to manual therapy; and manual therapy as an add-on treatment to exercises.” She had active exercises. However, the ODG does not justify these add on treatments. The reviewer finds there is no medical necessity for 6 supervised rehabilitation sessions.

**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**

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

**[ ] MILLIMAN CARE GUIDELINES**

**[ X ] 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)**