



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 07/28/11

**IRO CASE NO.:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Item in dispute:

97110 THERAPEUTIC EXERCISES

Units: 4 Start Date: 06/28/2011 End Date: 12/30/2011

97140 MANUEL THERAPY

Units: 4 Start Date: 06/28/2011 End Date: 12/30/2011

97112 NEUROMUSCULAR REEDUCATIO

Units: 4 Start Date: 06/28/2011 End Date: 12/30/2011

97530 THERAPEUTIC ACTIVITIES

Units: 4 Start Date 06/28/2011 End Date: 12/30/2011

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

Texas Licenses Chiropractor

**REVIEW OUTCOME**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. 08/19/05 – Benefit Dispute Agreement
2. 05/16/11 – Clinical Note –DC
3. 06/06/11 – Request for Pre-Authorization
4. 06/10/11 – Utilization Review

5. 07/07/11 – Utilization Review
6. 07/13/11 – Formal Complaint
7. **Official Disability Guidelines**

### **PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is a female who sustained an unknown injury on xx/xx/xx. Prior utilization reviews indicate the employee completed physical therapy and chronic pain management in 2008.

The employee saw Dr. on 05/16/11 with complaints of significantly increased left arm pain, as well as increased numbness and tingling. This clinical note was difficult to interpret due to poor copy quality. The employee was status post removal of buffalo bump cyst at the base of the cervical spine. Current medications include Hydrocodone and Flexeril. The employee also utilizes a TENS unit with relief. Physical examination revealed symmetrical deep tendon reflexes of the upper extremities. The left patellar reflex was absent. There was myospasm of the cervical, thoracic, and lumbar spine. Spurling's was positive on the right. Shoulder depression was positive bilaterally. There was left arm weakness secondary to pain. There was hypoesthesia in the left arm in the C7 and C8 distributions. The employee was assessed with cervical sprain/strain, radiculitis, thoracic sprain/strain, and myospasm. The employee was recommended for physical therapy to treat the flare up of symptoms.

The request for physical therapy was denied by utilization review on 06/10/11 as the employee has completed physical therapy and should be able to perform therapies at home.

The request for physical therapy is denied by utilization review on 07/07/11 due to lack of documentation regarding the employee's response to prior physical therapy.

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

The clinical documentation indicates the employee has completed a course of physical therapy and chronic pain management. Current evidence-based guidelines recommended ten sessions of physical therapy for the treatment of cervical sprain/strain. There is no clinical documentation provided for review documenting how many physical therapy sessions were performed, the modalities performed, and the employee's response to treatment. As it is unclear how the employee responded to prior physical therapy, there is no evidence to support that the employee would improve with additional physical therapy. Additionally, guidelines do not recommend physical therapy for the treatment of chronic pain. As such, the request for therapeutic exercise, manual therapy, neuromuscular re-education, and therapeutic activities is non-certified.

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

***Official Disability Guidelines***, Neck & Upper Back Chapter

ODG Physical Therapy 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, including assessment after a "six-visit clinical trial".

Sprains and strains of neck (ICD9 847.0):

10 visits over 8 weeks