I-Resolutions Inc.

An Independent Review Organization
8836 Colberg Dr.
Austin, TX 78749
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Physical Therapy 3xWk x 4Wks cervical

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D. Board Certified Orthopedic Surgeon

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
Clinic, Progress Notes: 11/10/10, 11/15/10, 11/18/10, 12/07/10, 01/10/11, 01/25/11, 02/10/11, 03/15/11, 04/05/11, 05/03/11
PT notes: 11/18/10, 11/30/10, 12/20/10, 01/19/11 03/28/11, 03/30/11
Dr.: 12/07/11, 01/11/11, 02/17/11
Dr.: 04/13/11, 04/21/11, 04/26 /11
Dr., OV: 02/21/11, 04/20/11, 05/04/11
Peer Review: 05/12/11, 05/24/11
X-ray Report Cervical spine: 11/10/10
X-ray Report left wrist: 11/10/10
X-ray Report left shoulder 02/25/09
X-ray Report Lumbar spine: 01/10/11
MRI left shoulder: 12/30/10
MRI lumbar spine: 05/05/11
Official Disability Guidelines

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a XX year-old female who sustained a work related injury to her neck on XX/XX/XXXX when she slipped on a wet floor and fell on her back. The claimant developed neck pain. She was treated initially with physical therapy. She attended approximately 13 sessions and on 03/30/11 she was discharged from active therapy as she demonstrated improved functional activities and was independent in her home exercise program. The claimant then began to complain of increased neck pain. Per case notes, an MRI of her cervical spine on 03/04/11 reportedly showed at C5-6 a right pre-foraminal focal small disc protrusion or small extrusion abutting the right peripheral ventral cord and possibly encroaching on the right C6 exiting nerve and the ventral C7 root. Dr. recommended an epidural steroid injection. The claimant underwent a C6-7 epidural steroid injection on 04/21/11. When she saw Dr. on 05/04/11, the claimant reported she had not gotten any relief from the epidural steroid injection. On examination the claimant had slightly attenuated reflexes but no gross motor deficits. Dr. recommended physical therapy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
The request is for physical therapy three times a week for four weeks. The claimant has a diagnosis of cervicalgia. The date of injury was XX/XX/XX in which the individual slipped on a wet floor and fell. The claimant has attended approximately thirteen sessions of therapy and on 03/30/11 was discharged. Further therapy at this time would not be medically necessary as per the evidence-based guidelines. After thirteen visits the guidelines would recommend that the patient should advance to a home exercise program. For this injury, the recommendation is for nine visits over eight weeks. There are no exceptional factors present. Therefore, further therapy would not be justified based on the Official Disability Guidelines. There is no medical necessity for Physical Therapy 3xWk x 4Wks cervical.

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates. Neck and Upper Back

Physical Therapy

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"

There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted.

Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0)

9 visits over 8 weeks

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)