



7331 Carta Valley Drive | Dallas, Texas 75248 | Phone: 214 732 9359

Notice of Independent Review Decision

**DATE OF REVIEW: 3/25/2011**

**IRO CASE #:**

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

18 Physical Therapy Visits between 2/8/2011 and 4/9/2011

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

M.D. Whose Specialty is Occupational 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)

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

Patient is a male who was working as a on when a pipe rolled over and hit his head, causing a skull fracture with laceration. He has history of mild cognitive disorder, neck, thoracic, lumbar and left arm pain as a result of his injury. On xx/xx/xx, Dr. diagnosed the patient with skull fracture, post concussion, cervical facet syndrome and headaches.

A cervical MRI was ordered 1/28/2009 and revealed mild spondylosis, multilevel disc bulges , C6-7 foraminal narrowing, osteophytes, effacement of C7 root, C5-6 left neural foraminal narrowing with left C6 root impingement, C7T1 neural foraminal narrowing.

He had a neuropsychological evaluation on 5/11/2009 by Dr. and on 5/12/2009, Dr. diagnosed him with neck/thoracic/lumbar sprain and recommended physical therapy. Surgery was not recommended. A thoracic MRI from 6/15/2009 showed mild loss of t6 height, bulging t7t8 and protrusion t5 t6.

On 6/25/2009, neurosurgeon Dr., diagnosed the examinee with functional overlay and recommended a neuropsychological evaluation.

A designated doctor exam from Dr. found the patient at MMI on 3/24/2010 with impairment rating of 19%. Diagnoses: healed skull fracture, post concussion, neck and lower back pain, symptom magnification, cervical/thoracic and lumbar strain.

On 1/20/2011, he was evaluated by, ARNP. The patient continues to have neck and left arm pain and numbness. Diagnoses: close head fracture, bulging C5-T1, low back pain, HNP T5-6, T6-7 and depression. A request for additional physical therapy was made.

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

The patient's diagnoses include cervical spondylosis, S/P skull fracture, post concussion, cervical/thoracic and lumbar strain. Patient was placed at MMI on 3/24/2010. Per ODG guidelines for neck and back, a maximum of 9 visits is approved for cervical spondylosis. There is no reason why this patient injured in xxxx should not be on a home exercise program. The requests for 18 visits of physical therapy over 2 years after his injury is not deemed necessary.

### **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



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- 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)**