

# Core 400 LLC

An Independent Review Organization  
209 Finn St  
Lakeway, TX 78734  
Phone: (512) 772-2865  
Fax: (530) 687-8368  
Email: manager@core400.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/20/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
8 additional Chiro and PT 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

**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**

1/31/11, 2/21/11

Clinic 11/12/10 to 2/23/11

Imaging 11/22/10

Medical Center 11/8/10

Official Disability Guidelines

**PATIENT CLINICAL HISTORY SUMMARY**

This claimant is a woman who works at a. She reports that she slipped on water while at work on xx/xx/xx. She complained of pain in multiple areas including the right neck with radiation to the right shoulder and arm and right back pain with radiation to the thigh. She has shoulder pain and MRI shows AC DJD and a small supraspinatus tear. She has had 20 visits of chiropractic care. There is no documentation of continued improvement with chiropractic. The patient is working full duty without restrictions. There is no documentation of home exercise or a functional assessment.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

Continued chiropractic care or physical therapy is not indicated in this case. This claimant is working full time without restrictions. She is able to perform a home exercise program without supervision from a therapist. She has had more than the recommended visits with a chiropractor or therapist per the ODG for a cervical strain and shoulder strain. 9 visits are recommended for a shoulder strain and 9 visits for a cervical strain. ODG states there should be improvement documented with fading frequency of therapy, with emphasis on home

exercise with transition to a HEP. The reviewer finds there is no medical necessity for 8 additional Chiro and PT 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

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)