

Notice of Independent Review Decision

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## **IRO REVIEWER REPORT**

DATE OF REVIEW: 05/10/2011

IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

6 additional sessions of physical therapy (cervical, Lumbar, R shoulder)

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

The TMF physician reviewer is a licensed chiropractor with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

### 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the 6 additional sessions of physical therapy (cervical, Lumbar, R shoulder) is not medically necessary to treat this patient's condition.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 04/27/11
- Utilization review determination letter– 10/31/10, 02/23/11, 03/30/11, 04/15/11
- Letter of medical necessity and pertinent doctor notes– 12/08/10, 12/10/10, 02/15/11, 04/07/11
- Prescription for Course of Treatment Authorization – 12/10/10, 02/15/11, 04/07/11
- Office visit notes– 12/10/10 to 04/27/11
- Report of MRI of the thoracic, cervical and lumbar spine – 01/24/11
- Neurological Electro-Diagnostic exam– 02/03/11
- Comprehensive Examination– 12/08/10, 12/10/10, 02/15/11
- Report of CT scan of the thoracic spine – 01/24/11
- Request for reconsideration– 04/07/11
- Prescription for Naproxen, Flexiril and Lortab– 12/08/10
- Report of x-rays of the thoracic and lumbar spine – 12/13/10
- Upper extremity evaluation– 01/04/11, 03/23/11
- Initial Clinical Evaluation– 01/07/11
- Behavioral Health Assessment– 03/15/11

- Patient visit notes– 02/03/11
- Report of MRI of the right shoulder – 04/12/11
- Neurological examination– 04/20/11
- Letter from Dr.– 02/06/11
- Return to work note by Dr.– 12/22/10
- Prescription for behavioral health evaluation from Dr.– 12/21/10
- Prescription for needle EMG from Dr.– 02/15/11, 03/10/11
- Prescription for surgical evaluation from Dr.– 03/16/11
- Prescription for evaluation by Dr.– 04/26/11
- Prescription for ice packs from Dr.– 12/10/10
- A note on a prescription pad stating that patient has been prescribed a non-narcotic pain patch from Dr.– 12/10/10, 12/29/10, 02/03/11, 02/08/11, 03/23/11
- A note on a prescription pad stating that patient has been prescribed an orthopedic shoulder brace from Dr.– 12/15/10
- A note on a prescription pad stating that patient has been prescribed an EMS unit from Dr.– 12/29/10
- A note on a prescription pad stating that patient has been prescribed an orthopedic lumbar back brace from Dr.– 12/29/10
- A note on a prescription pad stating that patient has been prescribed an moist heating pad from Dr.– 01/25/11
- A note on a prescription pad stating that patient has been prescribed an orthopedic inversion table from Dr.– 02/22/11
- A note on a prescription pad stating that patient has been prescribed an orthopedic back brace from Dr.– 03/10/11
- A note on a prescription pad stating that patient has been prescribed a Gaba Val from Dr.– 01/04/11
- A note on a prescription pad stating that patient has been prescribed spinal pelvic stabilizers from Dr.– 01/04/11
- A note on a prescription pad stating that patient has been prescribed Vitamin B from Dr.– 01/04/11
- A note on a prescription pad stating that patient has been prescribed an exercise ball from Dr.– 01/17/11

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

This injured worker sustained a work related injury on XX/XX/XX when she was driving a vehicle and was hit head-on resulting in injury to her neck, head and shoulders. She has had treatment in the form of chiropractic care, spinal braces, physical therapy, medication and injections. She has undergone diagnostic testing in the form of lower extremity NCS/EMG which revealed positive findings. She has had x-rays of the thoracic and lumbar spine. Cervical, thoracic, lumbar spine and right shoulder MRI's were performed. The thoracic and lumbar spine MRI and right shoulder MRI revealed positive findings. She also had a CT scan of the thoracic spine. She had psychological testing which revealed significant findings. Individual psychotherapy sessions have been performed. She was referred to an orthopedic surgeon for her right shoulder and a neurosurgeon for her right L4-L5 disc. Her most recent exam by her treating doctor revealed moderate to severe pain in her neck, shoulders, low back and right leg to her knee. Positive orthopedic and neurological findings indicate nerve root compression, joint dysfunction, muscle spasms and disc pathology in her thoracic and lumbar spine areas.

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

The medical record documentation indicates that the injured worker received a total of approximately 40 physical therapy visits from 12/10/10 through 04/27/11.

ODG guidelines allow for physical therapy for multiple injured areas as in this case. She has received physical therapy visits beyond what is allowed via the ODG guidelines, even when adding all the allowable therapy numbers for each of the injured areas. There is no documentation or clinical justification for more visits than allowed via the ODG guidelines. In addition, the number of units per session exceeds the usual 3-4 units per session that is allowed by the ODG guidelines. Therefore, it is determined that the additional physical therapy sessions are not medically necessary to treat this patient's condition.

**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
- 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)