

Notice of Independent Review Decision

DATE OF REVIEW:

05/13/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Four additional sessions of Physical Therapy/Spinal Manipulations for the thoracic spine.

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

Board Certified Chiropractor

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

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.

The medical necessity for the requested course of care to include four additional sessions of physical therapy and spinal manipulations is not established upon review of the documentation submitted for review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Referral form
- 04/30/11 Prospective Review (M2) Response, M.D.
- 04/26/11 Referral
- 04/25/11 Notice Of Case Assignment
- 04/25/11 Confirmation of Receipt of a Request For a Review
- 04/21/11 Request For A Review By An Independent Review Organization
- 03/24/10, 02/18/11, 02/04/11 office notes, Dr.
- 03/18/11 e-mail from RN
- 03/10/11, 03/18/11 Pre-Authorization notice
- 03/10/11 e-mail
- 03/10/11 Fax Cover Page with note
- 02/22/11, 03/07/11, 03/15/11, 04/08/10, 05/03/10 Pre-Authorization reports
- 03/07/11, 03/15/11, 04/30/10 Pre-Authorization Request Information
- 01/31/11 office note, M.D.
- 04/23/10 letter from M.D.
- 12/05/07 to 03/10/11, 12/05/07 to 05/05/10 (Summary dates) report

- Undated Pre-Authorization Requests
- ODG Physical Medicine Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

Records indicate that the above captioned individual is a XX year old male who presented to the office of the attending provider (AP) on or before XX/XX/XXXX with pain in the mid back that reportedly was as a result of an occupational injury that occurred on XX/XX/XXXX. The history reveals that the injured individual at the time of the injury was working as a X. He was allegedly dragged by a car while working. He sustained injuries to multiple areas of the body to include the head, ankle, left shoulder and knees. Examinations and treatment to date has resulted in the administration of various diagnostic studies as well as physical therapy and eventually meniscus and/or anterior cruciate ligament (ACL) repair to the right knee. The injured individual has also participated in injection therapy as well as medication management. An additional course of care to include physical therapy and spinal manipulations has been requested.

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

The records do not supply the necessary information to substantiate the medical necessity for the requested course of care. Specifically, the records reveal that the injured individual has been afforded a significant course of physical therapy and/or spinal manipulation for the treatment of ongoing mid back pain. However the records contain insufficient information to demonstrate that the care to date has been efficacious and leading to symptom resolution. The records contain no quantified objective data and there are only two entries where any quantified subjective data is offered. These two entries are almost one year apart and offer no documentation evidence or suggestion that the ongoing course of care was proving to be efficacious. Moreover, the records do not demonstrate or substantiate that a recent exacerbation has occurred that would possibly warrant an additional course of care. Even if a recent exacerbation had occurred, without documentation of evidence of past efficacy of care, there would be no expectations that any additional application of similar care would likely result in additional therapeutic gain not already realized, reported or perceived. As such, the medical necessity for the course of care requested is not established. This is consistent with the applicable guidelines within the Official Disability Guidelines.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Official Disability Guidelines (ODG):

“Restoration of function should be the primary measure of treatment success. Functional improvement measures should be used over the course of treatment to demonstrate progress in return to functionality, and to justify further use of ongoing treatment methods. They should include the following categories:

Work Functions and/or Activities of Daily Living, Self Report of Disability (e.g., walking, driving, keyboard or lifting tolerance, Oswestry, pain scales, return-to-work, etc.)

Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits)

Approach to Self-Care and Education (e.g., reduced reliance on other treatments, modalities, or medications, such as reduced use of painkillers)”

Neck and Upper Back:**ODG Chiropractic Guidelines –****Regional Neck Pain:**

9 visits over 8 weeks

Cervical Strain (WAD):

Mild (grade I - Quebec Task Force grades): up to 6 visits over 2-3 weeks

Moderate (grade II): Trial of 6 visits over 2-3 weeks

Moderate (grade II): With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, avoid chronicity

Severe (grade III & auto trauma): Trial of 10 visits over 4-6 weeks

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".

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

9 visits over 8 weeks

Sprains and strains of neck (ICD9 847.0):

10 visits over 8 weeks