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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 5/6/11

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of 12 sessions of physical therapy to the cervical, thoracic, and lumbar spine consisting of: therapeutic exercises (3 units) and therapeutic activities (4 units).

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

The reviewer is a licensed Doctor of Chiropractic. This reviewer has been practicing for greater than 10 years.

**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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of 12 sessions of physical therapy to the cervical, thoracic, and lumbar spine consisting of: therapeutic exercises (3 units) and therapeutic activities (4 units).

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties: Clinic, Attorney and Carrier.

These records consist of the following (duplicate records are only listed from one source): Attorney: 4/21/XX letter, 4/7/XX denial letter, 4/15/XX denial letter, copy of ODG section "physical therapy", 2/23/XX Form 1, 3/23/XX DWC41, multiple DWC 73 forms, 2/25/XX to 4/5/XX office notes, 3/25/XX physical performance baseline report, 4/5/XX FCE report, 3/2/XX approval letter, 2/23/XX initial evaluation report by Dr and 3/8/XX cervical MRI report.

Records reviewed from Clinic: 3/25/XX neurodiagnostic interpretation report, 2/24/XX PPE report,

Records reviewed from Carrier: 4/8/XX preauth reconsideration request and an undated preauth request.

A copy of the ODG was provided by the Carrier/URA for this review.

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

The patient was injured on X/XX/XX while she was "picking up scraps". The records note she fell when she tripped on a pallet. She presented the following day for treatment with DC. Pain was noted in the cervical, thoracic and lumbar spine as well as in the bilateral UE and LE. The initial exam noted hypoalgesia in the C6 dermatome. Cervical and thoracic ROM was noted to be reduced and painful in all phases.

A neurodiagnostic examination was performed on 3/25/XX. The findings per Dr. are of a bilateral median nerve mono-neuropathy. No findings of radiculopathy were noted. The 2/24/XX FCE report indicates her functioning is at a sedentary level and her job requirement is a light medium PDL. The 3/25/XX FCE showed abnormal grip strength curves when she reduced on each repetition. The Bruce treadmill test ranked her in the 0<sup>th</sup> percentile which represents no improvement since the previous test other than the test was not stopped due to back pain. During this test, she tested at a light to light medium PDL. She was unable to perform several activities to the full extent of her job requirements according to the exam. Therefore, she has not obtained the full functional requirements of her job. The latest office note by Dr. indicates that spasm and tenderness abatement has occurred at a level of 50%. The request is for 12 sessions of PT.

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

The following are excerpts from the ODG regarding active therapeutics such as those requested in this case.

*Active Treatment versus Passive Modalities:* The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes.

Appendix D of the ODG indicates that functional improvement supporting treatment exceeding ODG: "A 36 year old fireman sustains a medial meniscal tear while working and undergoes an arthroscopic meniscectomy. He completes the ODG recommended level of post operative physical therapy with documented and specific objective functional improvement,

but he still has objective functional deficits. An additional course of physical rehabilitation to address the functional deficit is reasonable.”

The documentation provided by the requestor could provide additional information that would be helpful in documenting day to day rehabilitation progress. However, the two functional examinations on 2/24/XX and 3/25/XX have shown the progress that the patient has made in 10 sessions of PT. The patient has multiple injured areas which leads to a difficulty in localizing treatment to one or two areas thus leading to an increased treatment time as compared to an injured worker who has one injured area.

Based upon the ODG Appendix D, documenting exceptions to the Guidelines, the request for 12 sessions of physical therapy is deemed to be medically appropriate at this time.

**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)