

Envoy Medical Systems, L.P.
1726 Cricket Hollow Dr.
Austin, TX 78758

PH: (512) 836-9040
FAX: (512) 491-5145
IRO Certificate

Notice of Independent Review Decision

DATE OF REVIEW: 7/30/12

IRO CASE NO:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy – 2 visits/wk – 4 wks/8 more sessions; CPT: 97002, 97032, 97035, 97530, 97110, 97010, 97140

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

Physician Board Certified in Neurological Surgery

DESCRIPTION OF THE REVIEW OUTCOME THAT CLEARLY STATES WHETHER OR NOT MEDICAL NECESSITY EXISTS FOR EACH OF THE HEALTHCARE SERVICES IN DISPUTE.

REVIEW OUTCOME

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

Upheld (Agree)

X Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]

This case involves a now male who sustained an injury in the neck area and between the shoulder blades of his left side. This occurred in xx/xxxx, while he was performing maintenance on a company truck. The patient was attempting to tighten a bolt when the wrench slipped off the bolt causing the left arm to overextend. The patient's symptoms have been of a recurring nature with neck and left shoulder pain, as well as tingling and numbness in the left hand. There is no sensory or motor deficit, but there is diminished left triceps reflex. The MRI of the cervical spine suggests left C6-7 disk herniation which would be compatible with his physical findings. Physical therapy with traction has helped when he is in the traction.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS,

FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

I disagree with the denial for the continuation of the physical therapy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION (cont'd)

Although the official disability guidelines may recommend only 10 sessions of therapy with traction, I think evidence-based medical knowledge indicates otherwise in this case. Previous physical therapy for 20 sessions was significantly helpful in the past, and to continue the present therapy to complete the 20 sessions is indicated. Home traction to follow is also thought indicated if symptoms are only partially relieved.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

**X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE & EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

X 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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE DESCRIPTION)