



Southwestern Forensic
Associates, Inc.

Notice of Independent Review Decision
IRO REVIEWER REPORT IRO REVIEWER REPORT

Date: July 20, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical spine, twelve sessions of physical therapy

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

Family practice physician with an M.D. degree

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 medical necessity and documentation does not properly exist for benefit from the requested twelve sessions of physical therapy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. TDI referral information
2. Adverse determination letters
3. Operative report, 3/22/12
4. Office notes, Dr., 5/9/12 – 6/4/12
5. Preauthorization request, 6/18/12
6. Evaluation, PT, 6/18/12

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who was injured xx/xx/xx in a mechanism which has not been denoted. He had a surgical repair of his biceps tendon on 05/31/11 and had postoperative physical therapy. He had further surgery for the biceps tendon with augmentation on 3/22/12 and he noted increasing pain on 05/09/12. There was minimal cervical spine evaluation or symptoms associated with his cervical spine. The x-rays revealed no significant

abnormality and no advanced C-spine imaging was done. The claimant has had previous physical therapy, as well as x-rays.

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

The request for cervical spine physical therapy is not appropriate because the claimant's documented evaluation of cervical spine symptoms and examinations are brief and do not denote significant pathology. He has not yet been tried, according to the records that have been reviewed, on appropriate pre-physical therapy treatments such as anti-inflammatories, corticosteroids, alternating ice and heat, and home physical therapy. There is no indication that the claimant had any neck pain, and the claimant has had prior physical therapy. There is no documentation of significant pathology or functional deficits. Thus, without significant symptoms or functional and neurological impairment, physical therapy would not seem appropriate at this time. There is no diagnosis noted regarding the cervical spine and no documentation of neck pathology.

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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)