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Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: 12/8/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of physical rehabilitation 3 times per week for 4 weeks (12 sessions) CPT codes 97110, 97112, and 97140.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The 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 physical rehabilitation for six of the requested visits.

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of physical rehabilitation for the remaining six requested visits.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Dr.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Dr.: 11/19/13 letter by Dr., and 10/3/13 initial medical report and PT evaluations by Dr.

10/21/13 denial letter, 10/8/13 denial letter, 10/15/13 precert request from Clinic, 10/15/13 request for reconsideration, 10/18/13 report by MD, 10/8/13 report by MD, 10/3/13 precert request, 8/26/13 precert request by Rehab, and 8/26/13 PT initial eval by Rehab.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker reported an injury xx/xx/xx while working. She has complained of neck and upper back pain. The notes indicate she has had a cervical laminectomy and cervical ESIs. The notes provided indicate she has had only one physical therapy session. She was seen by a DD on 9/25/2012 and awarded a 5% IR and declared MMI. Her cervical flexion on 10/3/2013 was 45 degrees and extension 40 degrees. Her ESIs were 4/11/2013 and 8/2012. She continues to work light duty.

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

This claimant continues to have neck pain. There are no therapy notes to review to determine previous progress from exercises and education. The notes indicate there were only one to two PT sessions. She has had a laminectomy and will remain at risk for strain of the cervical spine. She continues to work but is able to do light duty. She may benefit from a short course of therapy to help her with an HEP and to advance her at work.

The ODG does discuss physical therapy for a neck strain. This woman has had a laminectomy. She does work and can be at risk for continued pain in the cervical spine as she has had laminectomy. The notes are not clear on the amount of therapy she has had. ODG does not approve maintenance therapy. However, 8-12 visits for a cervical sprain are supported by the ODG and best practices. She has been placed at MMI. However, a few sessions to reinforce a HEP are appropriate. It would also be beneficial to help her remain at work and return to her full duty position. Therefore, the reviewer finds 6 visits to be medically necessary based upon the ODG and the remaining requested 6 visits to be not medically necessary based upon the ODG 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)