



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 03/30/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy for nine sessions

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., family physician in private practice with 25 years of experience.

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Physical therapy notations from multiple visits, January 20 to March 15, 2008
2. notes and URA records, February 4 to March 18, 2008
3. Medical records from Dr., January 20 to March 15, 2008.
4. ODG guidelines were not presented for review.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is female who was kicked by a student in the back in the lumbar spine area. Evaluation with Imaging (MRI scan) revealed degenerative disc disease and spondylosis. She has been treated for that along with the contusion and lumbar sprain from her injury.

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

The physical therapy has already been done by the patient with maximum improvement, and further physical therapy is unlikely to help improve the original injury in question. The patient does have underlying disease, chronic in nature and unrelated to the injury,

which may require further care, but there is no need for further physical therapy for treatment of the injury sustained by this patient.

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

(Check any of the following that were used in the course of your review.)

- 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.)