



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 04/21/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Family Practice physician, board certified in Family Practice by the American Board of Family Practice

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)

Medical necessity does not exist for physical therapy at this time.

INFORMATION PROVIDED FOR REVIEW:

1. TDI referral forms
2. Adverse Determinations
3. Various letters from orthopedists and other physicians
4. Extensive documentation and EMG studies and patient information
5. IRO information
6. Appeal letters

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This male patient suffered a lumbar spine injury on xx-xx-xx in a recurrent injury involving his lumbar spine and, more importantly, his thoracic spine in January 2009. He is symptomatic with pain and radiation to the leg and some tingling and weakness. He has had previous physical therapy for his lumbar spine and requests physical therapy for the thoracic spine and lumbar spine at this time.

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

This patient's recent injury in January 2009 is still in the subacute phase, not acute and not chronic. The likelihood that physical therapy would be of significant benefit is low. In this time frame and considering this patient's symptoms, the treatment modalities appropriate at this time do not include physical therapy. They include nonsteroidal anti-inflammatory medication, muscle relaxers, heat, home exercise program, rest, and gradual return to activity. Further studies may be in order including MRI scan if the patient's symptoms persist. Physical therapy is designed to improve function when function is impaired. This patient's function is not impaired except by his pain, and the pain would be more so appropriately treated with the modalities mentioned above. If the symptoms persist after two more months of appropriate medical treatment as outlined, physical therapy could be reconsidered, but at this time the likelihood that it could benefit this patient is low. Physical therapy to the thoracic spine is primarily going to involve physical modalities of heat would be the most important and can be used at home, exercise and stretching, which can be done at home, and in addition, this type of injury tends to respond most importantly to "tincture of time."

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.)