



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 04/29/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy three times a week for four weeks.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified anesthesiologist with Certificate of Added Qualifications in Pain Management by the American Board of Anesthesiology, having practiced pain management full time since the early 90's

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. TDI Referral
2. URA findings, April 3 to April 14, 2009
3. MD, office notes February 16 to April 6, 2009

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual has back and arm pain after a work-related injury. He has had twelve sessions of physical therapy. No imaging studies are presented. The individual is due to see an orthopedic surgeon in consultation.

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

ODG criteria allows ten visits of physical therapy over eight weeks. These criteria have been exceeded. There is no evidence demonstrated for additional physical therapy. The medical necessity has not been demonstrated to approve additional physical therapy sessions.

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.)