

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/21/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy, 3x/week x 4 weeks on left calf (12 visits) 97010, 97014, 97035, 97110, 97530, 97116, 97113

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

M.D., board certified in Orthopedic Surgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 9/16/09, 9/28/09

Orthopaedic Surgery Group, 8/5/09, 7/31/09, 9/8/09, 9/9/09

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who was injured approximately three (3) months ago. He apparently developed pain in the calf, which is dull and nagging and increases with activity. He is said to have some mild swelling at the gastrocnemius level, though there are no neurovascular problems reported in the records. He was pre-certified for twelve sessions of therapy and apparently completed seven of these sessions prior to this request being submitted for an additional twelve sessions.

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

The medical records made available for this review have not provided this reviewer with a real diagnosis other than for a strain/sprain to the calf about the knee. The ODG Guidelines under this section of sprain/strain accepts twelve sessions of physical therapy. There appears to be no reason, given the lack of specific diagnosis, for the additional therapy.

There is no indication of why the diagnosis requires more therapy than ODG Guidelines recommend, and no reasoning provided as to why the ODG Guidelines should be set aside. There was no explanation in the records as to why the patient has not completed the original twelve treatments which were preauthorized. There is no clinical justification noted within the records for the proposed additional physical therapy. The reviewer finds that medical necessity does not exist for Physical Therapy, 3x/week x 4 weeks on left calf (12 visits) 97010, 97014, 97035, 97110, 97530, 97116, 97113.

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

ACOEM-AMERICA 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)