



Southwestern Forensic  
Associates, Inc.

**Amended October 23, 2009**

**DATE OF REVIEW:** 10/07/09

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Request for physical therapy

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Family Practice physician, board certified by the American Board of Family Practice, in private practice seeing patients such as this during my day-to-day work

**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)

The previous review found no medical necessity for the physical therapy request due to the mild nature of the injured worker’s symptoms and the indication of improvement and recovery and release to full duty within approximately two-and-a-half after the injury.

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI Referral
2. Therapy office notes, 9-3 to 9-10-09
3. Medical Group, office notes 8-28-09 to 9-15-09

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This injured worker developed low back pain following lifting a heavy object at work. He is a male. The pain was essentially on the right side with radiation to the right buttock. It occurred on xx/xx/xx. The examination was consistent with a sprained lumbar area and sacroiliac joint. He was treated with muscle relaxers and pain killers but no anti-inflammatory medication.

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

It is my opinion that physical therapy is not required for this patient. This injury is a very common injury and of a mild to moderate nature. There were no signs of any significant damage of a subacute or chronic nature to the ligaments, muscles, bones, or joints. There are no signs of radiculopathy or disc or spinal cord problems. Within approximately eighteen days of the injury, the patient was improving with full range of motion and no pain on exam, and he was released to full duty. It is not felt that the patient has any reason to benefit or need to benefit from physical therapy as he improved in the proper fashion. Prior to any expenditures in time, money, or effort for physical therapy, anti-inflammatory medication could be used as well as local heat. Therefore, I do not recommend authorizing the request for additional therapy for this injured worker due to significant improvement and normal exam and ability to return to full duty. It should be noted that there were no significant findings on physical examination and certainly no neurological deficits.

**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.)