

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/22/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 2x/week for 4 weeks to include 97001, 97110 X 4 units, 97140 X 4 units (8 Sessions)

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, 10/26/09, 11/5/09

M.D., P.A. 11/23/09, 10/12/09, 9/14/09, 8/17/09, 8/31/09, 8/17/09

Imaging 9/3/09

Associates 8/18/09

NCMC 7/21/09

Employers First Report of Injury xx/xx/xx

Health Center 7/20/09, 8/10/09, 8/13/09

Letter from Patient 11/22/09

Solutions, INC. 10/26/09, 11/5/09, 9/4/09

PATIENT CLINICAL HISTORY SUMMARY

This is a female injured worker who, according to history, was injured on xx/xx/xx. The patient has had previous physical therapy; at least eight visits are documented. There has been limited progress. The ankle MRI scan that was taken was essentially normal on the left and on the right showed a mild sprain. There was no evidence of any ligamentous disruption. Some edema was noted. The patient is now currently five months post injury. The request is for further physical therapy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

The ODG would recommend nine visits over eight weeks for this injury. This patient is past the six-week to twelve-week healing period for a sprain. The treating physician has not delineated the reason that the ODG Guidelines should be set aside. Given that these guidelines are statutorily mandated, this reviewer has no option in the absence of explanation as to why they should not be set aside but to uphold the previous denial. The reviewer finds that medical necessity does not exist for Physical Therapy 2x/week for 4 weeks to include 97001, 97110 X 4 units, 97140 X 4 units (8 Sessions).

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)