



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 12/18/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten sessions of additional physical therapy

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients who have suffered thoracolumbar strain syndrome

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. SWF forms
2. TDI referral forms
3. Denial letters, 11/19/09 and 11/30/09
4. Clinic notes, six entries between 07/27/09 and 11/18/09
5. To Whom It May Concern letter, 08/26/09
6. Mutual referral letters
7. MRI OA evaluations and record reviews, 11/19/09 and 11/25/09
8. Fax cover pages
9. Physical therapy prescription
10. Physical therapy notes, 11/06/09 and 10/27/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a female who suffered a straining injury to the thoracolumbar spine region while lifting coins and other heavy objects. She has been treated for thoracolumbar strain syndrome with physical therapy in accordance with recommendations found in the

official Disability Guidelines. Additional physical therapy has been requested and denied, reconsidered and denied.

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

There are no findings which suggest pathology other than musculoligamentous strain syndrome. Physical therapy program is recommended in the Official Disability Guidelines. The patient has been provided with the recommended course of physical therapy. Further supervised physical therapy is unlikely to contribute to any additional improvement. Home physical therapy exercise programs and modalities including moist heat, etc., should be transitioned.

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, 2008, Cervical Spine Chapter, Discography passage.

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.)