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Notice of Independent Review Decision

DATE OF REVIEW: May 14, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
12 sessions of physical rehabilitation

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

XXXXXX
- Office visits (03/29/10 – 04/19/10)
- Pre-authorization request (03/31/10, 04/20/10)
- Utilization reviews (04/02/10 – 04/23/10)

XXXXXX
- Office visits (03/29/10 – 05/05/10)

TDI
- Utilization reviews (04/02/10 – 04/23/10)

ODG guidelines have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who injured his mid back and chest area on xx/xx/xxxx, when he was pinned between two skids.

On March 29, 2010, M.D., in a post injection physical therapy (PT) evaluation noted the patient had undergone lumbar injection on March 26, 2010. Examination revealed guarding and tenderness over the bilateral lumbar paraspinals, tenderness over the bilateral sacroiliac (SI) joint, painful lumbar range of motion (ROM), and decreased strength at 3+/5. Dr. recommended active rehabilitation to be started in the late stage of phase II, focusing on strengthening of the abdominal and lumbar regions. These would include manual therapy and modalities to restore normal joint play and active ROM and decrease overall pain level.

On April 2, 2010, M.D., denied the request for preauthorization of 12 sessions of PT to the lumbar spine with the following rationale: *"Records indicate the injured worker has had 28 sessions of therapy to date since December 4, 2009. Current documentation on March 29, 2010, indicates that he has flexion of 50 degrees, extension of 10 degrees, right bending to 50 degrees, left bending to 10 degrees and strength is 3+/5. These objective findings are slightly worse than objective documentation before on March 10, 2010. There is no indication that with 28 prior sessions of skilled PT, the injured worker continues to need more and could not be handled with a home exercise program (HEP). The recommendation is for denial of pre-authorization as not medically necessary or appropriate."*

On April 19, 2010, Dr. requested a reconsideration of the request. He stated the level of care that was required to insure maximum progression was significantly beyond the scope of a home-based exercise program and required the supervision of a trained medical professional. In fact, he stated that there was absolutely no documented evidence of a double-blind, placebo control, randomized, trial study that supported the theory that home exercise was as effective or more effective, than a professionally supervised therapeutic rehabilitation. Dr. further stated the patient's progress had not plateaued and he could demonstrate further functional progress and physical rehabilitation was the most effective and rapid means to overcome his functional deficits, achieve his pre-injury functional level, achieve clinical MMI and return to work. On this basis, Dr. respectfully requested reconsideration for 12 sessions of physical rehabilitation.

On April 23, 2010, D.O., denied the request for reconsideration with the following rationale: *"The request is to continue outpatient PT to the lumbar spine, 12 additional visits. The injured worker is a male with the date of injury of xx/xx/xxxx. He injured his mid back and chest areas when he was pinned between* two skids. *Diagnosed injury is a sprain/strain. He has completed approximately 28 sessions of PT visits. At this time, he does not demonstrate evidence of any neurologic or orthopedic impairment that would require additional PT. On April 23, 2010, at 2:30 pm EDT there was a successful peer conference with Dr., a chiropractic assistant of Dr. with discussion that 28 prior sessions for a sprain/strain injury is sufficient. He did relate an MRI finding of disc bulging, which still would not require additional therapy. He did not disagree. Therefore medical necessity and appropriateness was not substantiated for any additional skilled PT."*

On May 5, 2010, Dr. again stated that the patient's progress had not plateaued and he could demonstrate further functional progress. He therefore appealed the

carrier's denial and requested authorization for 12 sessions of physical rehabilitation.

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

After review of the records, ODG and other evidence based studies additional therapy is not recommended. The therapy already completed is two and half times more than recommended and further simply is not justified based on the diagnosis and the lack of improvement.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES