

SENT VIA EMAIL OR FAX ON  
Oct/18/2010

# Applied Assessments LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Oct/18/2010

**IRO CASE #:**

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

12 sessions (3 X a week for 4 weeks) of Physical Therapy for Lumbar Spine

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

Board certified in Physical Medicine and Rehabilitation with expertise in pain management, wound management and geriatrics. Medical Director of Rehabilitation.

**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**

OD Guidelines

Denial Letters 8/20/10 and 9/17/10

Rehab Specialist 8/3/10

Orthopedics 7/11/10 thru 8/3/10

Specialists 7/14/10

**PATIENT CLINICAL HISTORY SUMMARY**

This claimant reported an injury xx/xx/xx. She was pulling on a filing cabinet; the drawer came out and landed on her foot. She complains of back pain. There was a injury with back pain that resolved over 6 months. She has had an MRI in 10/2009 that shows spondylytic changes and mild canal stenosis. There is narrowing at L45. He has had 14 session of PT in 2007. She had work conditioning in 2007. She was discharged from therapy to a for fitness maintenance and a HEP. In 8/2010, an examination shows generalized weakness with 4/5 in many lower extremity muscle groups. Lumbar flexion is 40 degrees with pain. She is on medication management.

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

The ODG low back and chronic pain chapters do recommend physical therapy for back pain. For a sprain 10 session of PT are recommended with emphasis on active exercises. In this case, the patient has had more than the recommended number of therapy sessions for a strain. She has also had work conditioning. She is aware of a HEP (Home Exercise Program) and was discharged to the Y to continue her exercise program. She has an underlying chronic condition of the spine based on MRI findings. Pain on and off is expected and should be managed with a HEP and medication. ODG does indicate that continued supervised therapy is not indicated but that patient should be discharged to a HEP.

**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)