

I-Decisions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/16/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 sessions of physical therapy for the lumbar spine

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

M.D., Board Certified Orthopedic Surgeon

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

HDi, 8/25/10; 8/17/10

New Patient Evaluation, Dr., 08/04/10

PT Evaluation, 08/11/10

Peer review, Dr., 08/17/10

Peer review, Dr., 08/25/10

ODG Treatment Guidelines

PT, 8/11/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who sustained a work related injury to her right shin on xx/xx/xx. The wound had to be incised and drained once in 2008 and once in 2009. When the claimant saw Dr. on 08/04/10, she complained of pain, numbness and tingling down her entire right leg from her hip to her foot and rated the pain as 10/10 at its worse and 8/10 at its best. She described it as sharp and worse at night thus interfering with her sleep. On examination the claimant's lumbar range of motion was moderately decreased in both flexion and extension, both of which increased her low back pain and right leg pain. She had a positive straight leg raise on the right side. She had a well healed wound on her anterior shin, which displayed no signs of allodynia or hyperalgesia. Sensation to light touch was decreased throughout her right lower extremity. Her patellar and ankle reflexes were 2+ bilaterally. She was seen by a physical therapist on 08/11/10 and evaluated. At that time she had no complaints of lower back pain, but did complain of right lower extremity pain that she described as constant and throbbing with feelings of weakness, heat and cold. On examination she had some difficulty with ambulation and a mild limp. She had pain and difficulty ascending and descending stairs. There was mild spasm in the lumbar region of her back and tightness noted in her hamstrings and quadriceps. The physical therapist's recommendation was to have 8 physical therapy sessions at 2 times per week for 4 weeks. Dr. recommended physical therapy 2-3 times per week for 4 weeks.

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

The proposed 12 sessions of physical therapy for the lumbar spine are not medically

necessary based upon the ODG and a review of the records provided in this case.

The Official Disability Guidelines recommend fading of treatment frequency from three or more visits per week to one or less, plus active self-directed home physical therapy. The Guidelines also state that patients should be formally assessed after a six visit clinical trial to see if the claimant is moving in a positive direction, no direction, or a negative direction prior to continuing physical therapy.

As 12 sessions have been requested with no plan to fade treatment frequency from three or more visits per week to one visit per week and a six visit clinical trial is not planned, the requested 12 sessions of physical therapy cannot be considered medically necessary based upon review of the records provided in this case and the Official Disability Guidelines.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates. Low Back: Physical Therapy

Allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial"

There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted

Lumbago; Backache, unspecified (ICD9 724.2; 724.5)

9 visits over 8 weeks

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)