

SENT VIA EMAIL OR FAX ON
Sep/22/2010

True Decisions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/21/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

9 physical therapy visits for the lumbar spine over 5 weeks

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

Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and ORTHOPAEDIC 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

OD Guidelines

Dr. 6/10/10 thru 8/2/10

Dr. 7/26/10 thru 8/16/10

Medical Centers 2/2/10 thru 6/29/10

Health History No Date

CT Spines 1/26/10

Radiology Report 10/19/09

6/8/10 thru 8/19/10

2/11/10

3/17/10

PATIENT CLINICAL HISTORY SUMMARY

This is a man with preexisting hemiplegia injured on xx/xx/xx when he slipped and fell. He made some improvement with the therapies, but his symptoms persist. He does not have a radiculopathy. There is a disc bulge on a CT scan (MRI contraindicated due to vagal stimulator for seizure control). He has a flexion contracture from the hemiplegia contributing to a functional leg length discrepancy that responded to a shoe lift. He had multiple sessions of therapy. Dr. noted the cognitive issues that limited his participating in a HEP program in conjunction with the therapy program. There are some conflicting notes of improvement and plateau with therapy.

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

Strictly speaking, the ODG limits the treatment to 9-10 sessions of therapy. He had 13. The preexisting hemiplegia is not from the accident, but apparently is slowing the recovery. The issue is the need for 9 more sessions. The ODG places emphasis on a home program. Dr.

noted that there are cognitive issues that limit this level of care. As noted in the notes, his mother needs to be present during the doctor visits. Strictly speaking, then the ODG would not support the additional treatments. However, The ODG also states :

These guidelines are meant to be used to identify cases that are out of the norm, where questions may be asked, such as what makes them different...additional time out of work may be justified. If the patient has co-morbidities that are not specifically identified in the guidelines, application of the guidelines is more difficult. The final opinion regarding any medical condition and the ability of a patient to return to work should rest with the physician treating that patient. Where the "Best Practice" disability duration guidelines indicate "by report",...

“The publications are guidelines, not inflexible prescriptions and they should not be used as sole evidence for an absolute standard of care. Guidelines can assist clinicians in making decisions for specific conditions...but they cannot take into account the uniqueness of each patient’s clinical circumstances.”

Therefore, after a careful review of all medical records and for the reasons stated above, the extra sessions as medically necessary for the reasons presented by Dr..

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)