

SENT VIA EMAIL OR FAX ON  
Aug/16/2011

# Applied Resolutions LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Aug/16/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Physical Therapy (97110, 97140, 97035, 97150, G0283) 3 X 4

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

1. Cover sheet and working documents
2. Peer review Dr. dated 03/14/11
3. EPSH Operative report dated 04/11/11
4. Progress notes 04/26/11-07/27/11
5. Physical therapy progress notes
6. Utilization review adverse determination for request physical therapy (97110, 97140, 97035, 97150, G0283) 3 x 4 dated 07/06/11
7. Certificate of medical necessity dated 07/12/11
8. Utilization review adverse determination for appeal request physical therapy (97110, 97140, 97035, 97150, G0283) 3 x 4 dated 07/20/11
9. Texas workers compensation work status report dated 07/27/11
10. Patient data sheet
11. Letter to whom it may concern dated 08/05/11

## **PATIENT CLINICAL HISTORY SUMMARY**

The patient is a female whose date of injury is xx/xx/xx. On this date the patient was moving a weighing around 30 lbs when she felt a pull in the mid lumbar spine. Treatment to date includes medication management, lumbar support, physical therapy and injections. The patient was previously placed at MMI as of 04/01/10 with 0% whole person impairment by a designated doctor who noted that extent of injury was difficult to determine as the patient was uncooperative and presented with signs of symptom magnification. Retrospective review dated 03/14/11 indicates that the patient's symptoms have been documented of being excessive and with multiple positive Waddell's. The patient was recommended to undergo repeat MRI and medication management should be a minimal of narcotic and muscle relaxants use. The patient was also recommended to undergo psychological assessment. The patient subsequently underwent right L4-5 discectomy, medial facetectomy and foraminotomy; left L4 laminectomy, medial facetectomy and foraminotomy; left L5 laminectomy without facetectomy or foraminotomy on 04/11/11. Follow up note dated 04/26/11 indicates the patient is participating in physical therapy and it seems that she is doing somewhat better. On physical examination she has grossly intact lower extremity function. Follow up note dated 06/29/11 indicates that the patient did well initially. With regards to her leg pain, she continues to do fairly well. Her chief complaint is that of back pain. PT daily progress note dated 07/06/11 indicates that the patient started pool therapy. The patient has completed 15 postoperative physical therapy visits to date.

Initial request for physical therapy was non-certified on 07/06/11 noting that there has been very little improvement since surgery. The patient was not able to be examined adequately on 06/28/11 due to pain in the lumbar area and legs. Postoperative x-ray of the lumbar spine is within normal limits, except for surgical changes. ODG recommends up to 16 visits, and additional sessions are not supported at this time given the patient's lack of progress. The denial was upheld on appeal dated 07/20/11 noting that the patient has completed 15 sessions of postoperative physical therapy with very little improvement. There is no justification for continuing physical therapy beyond recommended protocol.

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

Based on the clinical information provided, the request for Physical therapy (97110, 97140, 97035, 97150, G0283) 3 x 4 is not recommended as medically necessary, and the two previous denials are upheld. The patient underwent right L4-5 discectomy, medial facetectomy and foraminotomy; left L4 laminectomy, medial facetectomy and foraminotomy; left L5 laminectomy without facetectomy or foraminotomy on 04/11/11 followed by 15 sessions of postoperative physical therapy. The Official Disability Guidelines support up to 16 sessions for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. Efficacy of treatment is not established as the patient made very little improvement with physical therapy completed to date. There are no exceptional factors of delayed recovery documented. Additionally, ODG does not support the utilization of modalities 97035 97150 and G0283 for the patient's diagnosis. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**