

SENT VIA EMAIL OR FAX ON  
May/31/2011

## Applied Resolutions LLC

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** May/31/2011

**IRO CASE #:**

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

Physical Therapy 3 x wk x 4 wks

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

Board Certified Neuro 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. Utilization review determination dated 03/08/11, 03/28/11
3. Physical therapy reevaluation dated 04/26/11, 03/02/11, 01/13/11, 12/30/10, 12/09/10, 11/30/10
4. Physical therapy initial evaluation dated 11/08/10
5. Office visit note dated 12/09/10, 04/25/11, 03/28/11, 02/24/11, 02/23/11, 01/12/11, 12/27/10, 12/15/10, 12/08/10, 09/28/10, 09/08/10, 08/10/10
6. ODG reference material
7. Physical therapy functional capacity evaluation dated 02/15/11
8. Procedure note dated 09/13/10
9. Neurologic consultation dated 01/14/11
10. Functional capacity evaluation dated 02/15/11
11. Letter of medical necessity dated 03/10/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a XX year old male whose date of injury is XX/XX/XXXX. On this date a vessel exploded in the patient's face causing severe closed head injury and major facial damage. The submitted records indicate that the patient underwent major facial reconstruction and complains of neck pain with pain radiating down posterior spine and into arms. Note dated XX/XX/XX indicates that the symptoms started X months ago. MRI of the cervical spine

reportedly shows severe stenosis at C4-5 with instability with neck movement and nerve root compression at C5-6. The patient underwent ACDF at C4-5 and C5-6 on 09/13/10. Initial PT evaluation dated 11/08/10 indicates that neck range of motion is flexion and extension 6, bilateral rotation 8, bilateral side bending 4 degrees. Strength is rated as 4-4+/5 in the left upper extremity. Deep tendon reflexes are 3+ on the left and 2+ on the right. The patient subsequently completed 24 postoperative physical therapy sessions. Functional capacity evaluation dated 02/15/11 indicates that the patient's current PDL is light and required PDL is heavy. Physical therapy reevaluation dated 03/02/11 indicates that cervical range of motion is flexion 36, extension 26, bilateral side bending 6 and bilateral rotation 22 degrees. Strength is rated as 3 to 4-/5 in the cervical spine. The patient is unable to lift more than 20 pounds from floor to knuckle.

Initial request for physical therapy 3 x wk x 4 wks was non-certified on 03/08/11 noting the patient has completed 24 sessions of physical therapy, and the request exceeds guideline recommendations. There are no exceptional factors in the documentation, and the patient's functional deficits do not warrant going outside guideline recommendations. The denial was upheld on appeal dated 03/28/11 noting there is no recent documentation from the treating physician of functional deficits and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. The request exceeds PT guidelines.

**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 3 x wk x 4 wks is not recommended as medically necessary, and the two previous denials are upheld. The patient underwent anterior cervical discectomy and fusion at C4-5 and C5-6 on 09/13/10 and has subsequently completed 24 postoperative physical therapy visits to date. The Official Disability Guidelines support up to 24 visits for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The patient's compliance with a home exercise program is not documented. 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 as the guidelines recommend.

**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**