

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/03/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 Physical Therapy visits

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

MD, Board Certified Physical Medicine and Rehabilitation
Board Certified Pain Management

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

Utilization review determination dated 05/12/11, 05/06/11

Follow up note dated 05/11/11, 04/20/11, 03/30/11

Physical therapy exercise flow sheet

Letter dated 05/09/11, 04/22/11, 04/19/11

Treatment encounter note dated 04/29/11, 04/28/11, 04/26/11, 04/18/11, 04/15/11, 04/13/11,

04/11/11, 04/08/11, 04/07/11, 04/05/11, 04/01/11, 03/31/11, 03/28/11, 03/24/11, 03/22/11

Progress note dated 05/12/11, 05/05/11, 04/08/11, 03/24/11, 03/17/11

MRI lumbar spine dated 04/08/11

Reevaluation dated 04/26/11, 03/22/11

ODG Physical Therapy Guidelines

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient stepped off a ladder and missed a step, jamming his foot. He had immediate pain in his lower back that increased. The patient has a history of compression fracture in his lower back in 2004. MRI of the lumbar spine dated 04/08/11 revealed degenerative disc disease at L4-5 and L5-S1 with mild central canal stenosis and small central disc herniations. There is no high-grade central canal stenosis or high-grade neural foraminal narrowing. The patient has completed 12 sessions of physical therapy to date. Physical examination on 05/11/11 notes the patient is neurologically intact. There is breakaway weakness to the lower extremities. Sensation is intact, and reflexes are 2+ at the knees and ankles. Sitting straight leg raising results in low back pain at approximately 50 degrees, 40-50 degrees and supine straight leg raising results in low back pain at approximately 40-50 degrees.

The request was denied by the insurance company with the reason they did not document

evidence of objective functional improvement resulting from the course of PT. The denial says the progress in recovery attained by the patient with supervised therapy should have been sufficient to allow further progress with independent home exercise. There is no documentation of exceptional indications for an extensive length of therapy in this case along with clearly delineated endpoints of care for supervised therapy. The denial was upheld on appeal dated 05/12/11 noting a lack of recent clinical assessment that addresses the proposed service. The goals of treatment with objective functional outcomes specific for the additional sessions are not available for review to determine the patient's progress and endpoint of care.

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

This patient has completed 12 sessions of physical therapy to date; however, there is no comprehensive assessment of the patient's objective, functional response to these sessions submitted for review to establish efficacy of treatment and support ongoing supervised therapy. There are no specific, time-limited treatment goals provided. The current request on top of physical therapy sessions already completed exceeds the Official Disability Guidelines recommendations, and there are no exceptional factors of delayed recovery documented. The guidelines suggest that the patient should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. There was no explanation provided for why the reviewer should diverge from ODG in this case. The reviewer finds that medical necessity does not exist at this time for 12 Physical Therapy visits.

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)

