



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 02/06/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 3 times a week for 4 weeks

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Family Practice physician in private practice of Family Medicine

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

The medical necessity does exist for the requested physical therapy sessions.

INFORMATION PROVIDED FOR REVIEW:

1. Physical therapy notes
2. Adverse Determination letter by, D.O.
3. Adverse Determination letter by, D.O.
4. Letter from patient dated 01/28/10 to and
5. Various other records including MRI scan and x-ray results

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This male sustained an injury on xx/xx/xx while lifting and crawling from small spaces, injuring his low back. He had three sessions of physical therapy, and according to one report, several other sessions; there have been eight physical therapy sessions to date. The pain has been exacerbated by bending, and there have no radicular signs, but there are radicular symptoms. The patient had an MRI scan as well as x-rays, and the MRI scan revealed evidence of acute herniation with protrusion of a disc in the L4/L5 range.

This MRI scan was dated 11/04/10. The patient has submitted a letter requesting further physical therapy as a way to get back to work.

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

Although the two physician reviewers note that the denial was based on guidelines that appear to support their contention that further sessions are not allowed, after further review, especially considering the patient's very well written letter, it appears that the patient is motivated to go back to work and does feel certain that prior physical therapy helped improve her situation and would result in further improvement for the future. It is based on that letter that I make my decision to overturn the previous physician's appropriate guideline opinion. Although guidelines are important, the patient often will fall outside of the guidelines and may do well despite not in keeping with the guidelines. I think this is the case with this patient based on the description of the letter that the patient wrote, and the need for physical therapy to improve the patient's condition and get back to work is appropriate.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- ACOEM-American 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)