



Southwestern Forensic Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 04/23/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy two times per week for four weeks including therapeutic maneuver 97110, neuromuscular re-education 97112, aquatic therapy 97113, physical therapy re-evaluation 97002, manual therapy 97140, and therapeutic activities one-on-one 97530

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering spine and lower extremity injuries

REVIEW OUTCOME:

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

- X Upheld (Agree)
Overtuned (Disagree)
Partially Overtuned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is a male. He suffered injuries when he fell into a hole, initially striking a pipe and then falling deeper into a hole on xx/xx/xx. He was evaluated initially at Medical Center and treated for left knee sprain and left hip contusion. Subsequently low back pain developed, and he was treated for lumbar spondylosis. His treatment included at least fourteen sessions of physical therapy if not more. The exact documentation of the extent of physical therapy treatment is not provided. He has additionally been treated with activity modifications and medications. His diagnoses include lumbar spondylosis, left knee sprain, left hip contusion, and left hip osteoarthritis. He also suffered a right knee contusion, which resolved. Current symptoms are not clear. The patient has had a recurrence of back pain and left leg pain. Additional physical therapy has been ordered. The request for additional physical therapy has been considered and denied and reconsidered and denied.

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

This patient has received an appropriate course of physical therapy for the diagnosis of lumbar spondylosis without radiculopathy and left hip contusion and knee contusion and sprain in the left lower extremity. Physical therapy in excess of that which has already been provided does not appear to be appropriate. There are no specific indications for treatment in excess of that recommended in the ODG 2011 Low Back Chapter, Pelvis and Hip Chapter, and Knee Chapter.

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, 2008, Cervical Spine Chapter, Discography passage.
- 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.)