

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 3x week x 4 weeks

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

MD, 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

ODG Physical Therapy Guidelines
Office Visit, Dr. 03/18/11
Physical Therapy Initial Evaluation, 04/01/11
Prescription, 03/18/11
Peer Review, Dr. 04/12/11
Peer Review, Dr. 04/08/11
Peer Review, Dr. 12/20/10
Physician Advisor Pre-Authorization Response Form, 04/12/11
Utilization Review Determinations, 4/19/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female with a work related injury date of xx/xx/xx, being evaluated for a request for physical therapy three times a week for four weeks. The claimant's record contains a 03/18/11 treating physician evaluation with the claimant's chief complaint of back pain where she reports pain and discomfort in the back. She reported "a little bit of recurrent pain in her back from lifting." She would like to try a little bit more therapy as this helped her out previously. The physical examination shows the bilateral lower extremities are neurologically intact. There is tenderness about the lumbosacral spine. The diagnosis is low back pain and lumbago. The claimant will be given some more therapy. The record also contains a physical therapy initial evaluation on 04/01/11. The therapist notes that the claimant had been referred for physical therapy earlier in October of 2010 and received about one to two months of physical therapy treatments. The pain was mostly resolved. The claimant noted increased pain from lifting the children. Her chief complaint is general low back pain with no radicular symptoms. Physical exam reveals flexion to 90 percent of normal, extension 50 percent of normal. Right and left lateral flexion is 75 percent of normal. The claimant has 5/5 strength bilateral lower extremities. Patella reflexes are 2+ and equal bilaterally. Straight leg raising is negative.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

Official Disability Guidelines, Low Back Chapter recommends ten therapy visits over five weeks for low back sprain and strain. The claimant had prior therapy with benefit. The guidelines would recommend that the claimant should have had instruction at that time on a home exercise program and should be independent in that home exercise program at this time. There is no evidence of an impairment to the claimant's low back or lower extremities that would necessitate further supervised physical therapy over and above a home exercise program. Therefore, the request for Physical Therapy 3x week x 4 weeks is not medically necessary.

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)