



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 11/02/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Twelve sessions of physical therapy including modalities

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

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)

ODG have not been met for the requested services.

INFORMATION PROVIDED FOR REVIEW:

1. URA, 9/22/11 to 10/4/11
2. LPT, office notes, 9/10/11 to 11/2/11
3. Memorial MRI, MRI (cervical spine), 8/17/11
4. MD, office notes, 8/18/11

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual sustained a low back and neck injury on xx/xx/xx. MRI scan shows cervical and lumbar herniated discs. There is also right shoulder pain. The notes are unclear, but states in a letter on 11/02/11 that the patient has been receiving physical

therapy twice a week since 09/15/11. This would be fourteen sessions. The request is for twelve sessions, which appear to be twelve additional sessions.

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

ODG allows ten sessions of physical therapy over eight weeks for the affected condition. It does appear that these sessions have been provided and exceeded. There is no rationale to justify additional sessions. There is no disputing that physical therapy is a valuable modality, but the service has been provided to the level that ODG endorsed. There is no indication for additional physical therapy

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.)