

SENT VIA EMAIL OR FAX ON
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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/12/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy X 12 sessions

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

PMR

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

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female whose date of injury is xx/xx/xx. Records indicate that she was walking up stairs and her shoe got stuck causing her to fall down onto her right knee and low back injuring her low back, left hip, right ankle, and right knee. The claimant underwent right knee arthroscopic surgery for lateral meniscus tear and chondromalacia of medial femoral condyle. The claimant returned to work on modified duty. She was then referred for assessment of lumbar spine injury. MRI of lumbar spine dated 09/13/10 revealed a

lateralizing disc bulge at L5-S1 with moderate facet hypertrophic changes and ligamentous thickening resulting in moderate compromise of the right and left lateral recesses as well as neural foramina. Spinal canal remains well in excess of a centimeter. There was moderate compromise with left neural foramen at L3-4 due to lateralizing disc material with contact and slight compression of the exiting left L3 dorsal root ganglion. Spinal canal was well in excess of a cm. There is mild to moderate left sided neural foraminal encroachment at L4-5 level due to lateralizing disc material. The exiting dorsal root ganglia are surrounded by fat at this level. The spinal canal remains well in excess of a cm. The claimant reportedly has had a brief course of physical therapy for the low back. Physical therapy initial evaluation on 08/03/11 reported the patient to be 5'8" tall and 270 lbs. Lumbar examination reported tenderness to palpation of spinous processes, multifidus erector spinae muscles bilaterally with spasms and associated scattered trigger point tenderness. Range of motion was decreased and painful in all planes. Sensation was decreased to light touch and pinprick in left L3 and right L5 dermatomes. Supine straight leg raise was positive at 18 degrees on the right and 23 degrees on the left. Deep tendon reflexes were 2+ and symmetric at the bilateral knees and ankles. Muscle testing reported gross lower extremity MMT equal 4+/5 at bilateral lower extremities restricted due to low back pain and weakness. Gait was guarded. The claimant had difficulty with heel and toe walk. Per initial consultation by Dr. the claimant was recommended to undergo physical therapy to focus on range of motion and strengthening of postsurgical right knee which apparently has not been done.

A preauthorization request for physical therapy x 12 sessions was reviewed on 08/16/11 and determined to be not medically necessary. It was noted the medical documentation presently available for review would not support this request as medically necessary. It was noted the above reference would support expectation for inability to perform proper non-supervised rehabilitation regimen when individual is this far removed from onset of symptoms. Consequently medical necessity for this request is not established.

A reconsideration / appeal request was reviewed on 08/23/11 and determined as not medically necessary. It was noted that the last treating M.D. note indicated no objective abnormal exam findings to the lumbar spine and request exceeds guidelines. The reviewer spoke with physical therapist who reported the physical therapy was only directed to the knee.

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

Based on the clinical data presented, the request for physical therapy times 12 sessions is not indicated as medically necessary. The claimant is noted to have sustained injuries when she fell while going up stairs injuring her right knee and low back. Claimant underwent right knee arthroscopic surgery on 01/19/11 and was noted to have participated in post-operative therapy. Claimant has complaints of ongoing low back pain. MRI of the lumbar spine revealed multilevel changes with lateralizing disc bulges at L3-4, L4-5 and L5-S1. Physical therapy initial evaluation on 08/03/11 revealed limited range of motion lumbar spine in all planes with pain at end points. Sensory changes also were noted in the left L3 and right L5 dermatomes. Straight leg raise was positive. Motor strength in the bilateral lower extremities was reported as grossly 4+/5 restricted due to central low back pain and weakness. The claimant reported that she has had 4-8 sessions of therapy for the low back. Noting the date of injury and previous treatment, it appears that nothing more than an independent, self-directed home exercise program would be appropriate at this time. As such the previous denials should be upheld.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES