

SENT VIA EMAIL OR FAX ON
Sep/27/2011

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Therapeutics Exercises Physical Therapy X 10 visits to the lumbar

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

OD Guidelines

Cover sheet and working documents

Utilization review determination dated 08/10/11, 08/18/11, 06/27/11

Letter dated 08/31/11, 08/20/11

Treatment plan dated 08/05/11

Initial report dated 07/20/11

Progress notes dated 05/09/11, 05/16/11, 05/25/11, 06/08/11, 06/14/11, 06/22/11, 07/14/11, 07/19/11, 05/18/11

MRI second opinion dated 06/16/11

Radiographic report dated 05/16/11

MRI lumbar spine dated 06/06/11

Functional capacity evaluation dated 07/27/11

Order requisition dated 06/14/11

Soap note dated 09/14/11, 09/12/11, 09/08/11, 09/02/11, 08/31/11, 08/29/11, 08/26/11, 08/25/11, 08/22/11, 08/17/11, 08/15/11, 08/12/11, 08/10/11, 08/03/11, 08/01/11, 07/29/11

Letter of medical necessity for TENS unit purchase dated 08/31/11

Therapy exercise flow sheet dated 06/29/11-07/13/11

Physician activity status report dated 05/16/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient sustained a

lower back injury secondary to lifting heavy equipment at work. Physical examination on 05/16/11 noted the patient is able to stand on his toes. He is able to flex forward approximately 60 degrees. The rest of the physical examination is unremarkable. Sensation is intact. Deep tendon reflexes are symmetrical bilaterally. Diagnosis is lumbar strain with right vague sciatica. MRI of the lumbar spine dated 06/06/11 revealed L4-5 central disc protrusion with herniation; no root displacement. Follow up note dated 07/14/11 indicates that the patient reports he is not sure if either the medicine or the therapy is really helping him that much. Initial report dated 07/20/11 indicates that the patient has completed 4 sessions of PT to date and the patient reports these symptoms increased his symptomatology. On physical examination lumbar range of motion is flexion 60, extension 10, right rotation 10, left rotation 12, bilateral lateral flexion 10 degrees. Kemp's standing test is positive bilaterally. Lasegue's is positive on the right. Braggard's sign is present on the right. Patrick Fabere test is positive on the right. Yeoman's and Ely's signs are positive bilaterally. Functional capacity evaluation dated 07/27/11 indicates that the patient gave valid effort, but was unable to complete multiple dynamic levels of testing due to complaints of severe pain. The patient subsequently completed approximately 16 sessions of chiropractic treatment.

Initial request for therapeutic exercises physical therapy x 10 visits was non-certified on 08/10/11 noting that the patient did not respond to initial trial of physical therapy, and there is no reasonable probability that additional therapy would result in functional improvement. The denial was upheld on appeal dated 08/18/11 noting that the records supplied do not contain objective examination findings that demonstrate ongoing functional gains. Due to the lack of continued objective, functional improvements, the request for continued PT of additional 10 sessions is not supported as necessary.

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

Based on the clinical information provided, the request for therapeutics exercises physical therapy x 10 visits to the lumbar is not recommended as medically necessary, and the two previous denials are upheld. The patient sustained a lumbar strain injury and completed four initial physical therapy visits. Follow up note dated 07/14/11 indicates that the patient reports he is not sure if either the medicine or the therapy is really helping him that much. Initial report dated 07/20/11 indicates that the patient has completed 4 sessions of PT to date and the patient reports these symptoms increased his symptomatology. The Official Disability Guidelines support ongoing physical therapy only with evidence of objective functional improvement. Given the lack of progress in the initial sessions of physical therapy, there is no indication that the patient is likely to improve significantly with ongoing physical therapy. The patient should be instructed in and encouraged to perform an independent, self-directed home exercise program.

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