



14785 Preston Road, Suite 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

Notice of Independent Review Decision

DATE OF REVIEW: 8/30/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE BACK
97530 97110 97116 97113

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

M.D. Board Certified in Physical Rehabilitation and Pain Management

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)



14785 Preston Road, Suite 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Document Type	Date(s) - Month/Day/Year
Notice of Case Assignment	8/10/2011
Utilization Review Determinations	7/29/2011-8/09/2011
Initial Evaluation M.D. Notes	7/26/2011 7/07/2011

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a male who was injured on xx/xx/xxxx while at work. He stated he stepped in a hole and twisted his left ankle region. He noted swelling and pain in both the ankle and lower back. He was treated conservatively, wore a fracture boot for the ankle, had physical therapy for the ankle on 1/19/2011, and had limited physical therapy for the lower back region. He returned to work in May 2011. He experienced a flare-up of his low back symptoms. He reported with low back pain. He stated on 7/26/2011 that after discharge from his initial physical therapy he was not performing any exercises for his low back. On 7/07/2011 he had X-rays of the lumbar spine which reportedly showed degenerative changes of the lumbar spine.

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

Additional physical therapy is not supported by the notes provided or by the Official Disability Guidelines. This claimant did have a strain to the low back and was treated with physical therapy. He returned to work and has not continued his home exercise program. Based on the X-rays showing degenerative changes, he does have a process that will require consistent home exercise. The need for supervision with these exercises is not established. He has recently had therapy and been shown an exercise program. The ODG recommend therapy but with instruction in a home exercise program with the patient adhering to the exercises at home.



14785 Preston Road, Suite 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

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

- 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 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