

US Resolutions Inc.

An Independent Review Organization
1115 Weeping Willow
Rockport, TX 78382
Phone: (361) 226-1976
Fax: (207) 470-1035
Email: manager@us-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sep/12/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 sessions (3 time a week for 4 weeks) Physical Therapy to the Pelvis and Groin areas

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

MD, Board Certified General Surgery

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

Official Disability Guidelines

Adverse determination letter 08/01/11 regarding non-authorization medical necessity for 12 sessions (3 times a week for 4 weeks) physical therapy to pelvis and groin area

Adverse determination letter 08/16/11 amended 08/17/11 regarding non-authorization reconsideration for 12 sessions (3 times a week for 4 weeks) physical therapy to pelvis and groin area

Reference materials regarding athletic pubalgia / sports hernia, undated

Physical therapy patient evaluation and progress notes 02/17/11-08/03/11

Office notes Dr. 01/18/11-08/24/11

MRI bony pelvis without contrast 11/30/10

MRI pelvis without contrast 03/23/11

Operative note 06/07/11 regarding right pelvic floor repair, right adductor longus and pectineus compartment release / release and debridement

Office notes Dr. 11/24/10 and 12/21/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male who reportedly was injured on xx/xx/xxxx. He was working and was injured while lifting a patient on a stretcher. He was diagnosed with sports hernia with musculature tear. MRI dated 11/30/10 reported findings compatible with an acute high-grade right sided rectus abdominus / adductor aponeurosis tear including avulsion of right adductor longus with 15 mm of retraction into the right thigh. Repeat MRI dated 03/23/11 reported re-demonstration of right distal rectus abdominus tear; right adductor longus tear from medial attachment with 1.5 cm lateral retraction, unchanged; resolution of right pectineus and right abductor brevis strain and right pubis osteitis. The patient underwent surgical intervention on 06/07/11 with right pelvic floor repair, right adductor longus and pectineus compartment release / repair and debridement followed by a course of postoperative physical therapy.

A request for additional physical therapy was reviewed, and per adverse determination letter dated 08/01/11, the request was non-authorized as medically necessary for 12 sessions of

physical therapy to pelvis and groin area. It was noted that physical therapy progress report of 07/20/11 indicated the claimant had completed 24/31 visits – progressed steadily and tolerated one hour of exercise including box lift/carry of 20-75 lbs 10-20 yard sprints, change in direction, shuffles, running, goal to return to work as firefighter / EMT, continue physical therapy TIW x 4 weeks.

Office note from Dr. dated 07/21/11 indicated the claimant doing well after about 6 weeks post hernia repair and 4 weeks of physical therapy. Incisions were completely healed. there is tenderness to lower abdomen and no new diagnostics. Following discussion with the physical therapy office it was confirmed that the claimant had completed 17 of 18 previously authorized visits and due to complete the visits on 08/03/11. The physical therapist indicated the claimant has progressed well with aggressive rehab and indicates that the claimant may be ready for more intense level of rehab such as work conditioning or hardening. It was noted that the claimant has a home exercise program and is very compliant. He has access to a pool for exercise as recommended by physician and a treadmill for running and does sit ups at home.

A reconsideration request was reviewed, and per adverse determination letter dated 08/16/11 (amended 08/17/11) the reconsideration request for 12 sessions of physical therapy of the pelvis and groin area was denied. It was noted that the claimant had completed four weeks of physical therapy to date (18 sessions). Physical examination documented healed wound, tender lower abdomen, no subjective continued pain. The reviewer noted that medical treatment of the hip strain and post-operative treatment of the hernia would support nine sessions of physical therapy and the claimant has undergone 18 sessions to date. No findings were documented to warrant ongoing formal therapy versus a home exercise program.

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

This man sustained a lifting injury on xx/xx/xxxx. He underwent surgical intervention on 06/07/11 with repair of right pelvic floor, right adductor longus and pectineus muscle release/repair and debridement followed by a course of post-operative physical therapy. The claimant has completed 18 visits of therapy to date, and was performing a home exercise program. The claimant was noted to be very compliant with his home exercise program. The records presented do not support the request for the additional therapy as the therapy completed to date already exceeds the recommendations in the guidelines. No extenuating circumstances were identified, and nothing more than an independent self directed home exercise program is supported at this time. The reviewer finds that medical necessity does not exist for 12 sessions (3 time a week for 4 weeks) Physical Therapy to the Pelvis and Groin areas.

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)