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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: September/21/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 3 times a week times 6 weeks

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

M.D., Board Certified Orthopedic Surgeon

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 Treatment in Worker's Comp, 16th edition, 2011 Updates, chapter low back, physical therapy

Operative report 10/08/10

Lumbar spine x-ray report 12/02/10

Office notes of Dr. 12/02/10, 01/13/11, 03/08/11, 07/14/11

Peer review reports 08/22/11, 07/27/11

Discharge Summary 10/24/10

History & Physical 10/18/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a work-related injury date of xx/xx/xxxx being evaluated for a request for physical therapy, three times a week for six weeks. The claimant's record contains a 10/18/10 operative note with a preoperative diagnosis of severe lumbar spinal stenosis with intractable radiculopathy and a procedure performed of L4, L5, and S1 three level wide decompressive laminectomies with posterior lumbar interbody arthrodesis and two-level posterolateral arthrodesis. The claimant had a 12/02/10 lumbar spine x-ray showing surgical changes at L5-S1 with bilateral pedicle screws and vertical stabilization bars. Intervertebral disc spacers are noted. The hardware position and bony alignment are satisfactory. The claimant had a neurosurgical follow up on 12/02/10 where the claimant is assessed as having neuropathic pain related to the severe stenosis at L5 on the right side. The claimant's lower back has actually been under control, but the right leg has been really bothering him. The claimant is taking Neurontin. It is reported that the claimant will need long-term physical therapy, as the nerve will take quite a bit of time to "bounce back." A neurosurgical follow up on 03/08/11 indicates the claimant is over four months following lumbar fusion surgery and continues to do very well and is making slow but steady progress. He continues to have residual sciatic symptoms in the right leg, mainly numbness and tingling, although he does get sciatic pain every now and again. His back pain is a lot better. The record contains a 07/14/11 physical therapy evaluation indicating the claimant had aquatic therapy from April to May of 2011 and responded well. Recently, he went on a trip and thinks he overdid it. He is now being referred back for treatment. The claimant has been

educated on proper back mechanics and a home exercise program. On review of the available medical records, there is no indication as to the number of physical therapy visits the claimant has attended to date other than the aquatic therapy noted by the therapist between April and May of 2011. The claimant is reported as of 03/08/11 to be doing very well and making slow but steady progress.

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

Official Disability Guidelines low back on physical therapy indicates a recommendation of 34 therapy visits for lumbar fusion after graft maturity. On review of the facts of the claimant's case, there is no convincing evidence of an ongoing impairment or any evidence of a postoperative complication that would necessitate further supervised physical therapy. The number of therapy visits to date has not been documented to establish the claimant's progress. However, it is indicated on 03/08/11 that the claimant continues to do very well and is making slow but steady progress. Apparently, the claimant took a trip, which is documented on 07/14/11. The therapy note also indicates the claimant has been educated on a home exercise program. Taking the aforementioned facts of the claimant's case into consideration, this request for Physical Therapy 3 times a week times 6 weeks is not considered by the reviewer to be medically necessary at this time.

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)