

US Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/20/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

36 additional physical therapy visits thrice a week for 12 weeks

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

M.D., Board Certified Orthopedic spine surgeon, practicing neurosurgeon

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 and Treatment Guidelines
Utilization review determination dated 01/27/12, 12/30/11
Initial evaluation dated 09/07/11
Plan of care dated 09/07/11, 10/03/11
Progress note dated 10/24/11
Re-evaluation dated 10/03/11, 10/31/11
Handwritten initial evaluation dated 11/03/11
Handwritten progress note dated 12/07/11
Follow up note dated 12/14/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. He was pushed from behind. He landed into the wall with his head. The patient was diagnosed with a C6-7 fracture and underwent ACDF on 05/09/11. X-rays at the end of August 2011 reportedly showed good results and healing. Reevaluation dated 10/31/11 indicates that the patient has completed 18 physical therapy visits. On physical examination MMT is rated as -4 to 5/5 in the upper extremities. Cervical muscle testing revealed -4/5 strength in extension, flexion and rotation; 3/5 protraction and retraction; and +3/5 side bending (all unchanged from previous evaluation on 10/03/11). Cervical range of motion is extension 54, flexion 55, left rotation 75, right rotation 71, left side bend 41 and right side bend 42 degrees. Follow up note dated 12/14/11 indicates that the patient is now complaining of having 8 of 9 sharp, stabbing neck pain that radiates to the front of his head worsened by any range of motion, alleviated by stretching. X-rays on this date look stable for status post ACDF. On physical examination sensory exam is intact. Deep tendon reflexes are normal and symmetrical. Strength is rated as 5/5. He has decreased range of motion of the cervical spine with pain.

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

The patient underwent ACDF on 05/09/11 and completed 18 postoperative physical therapy

visits to date. The number of requested visits on top of previously completed visits exceeds the Official Disability Guidelines recommendations. There is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The patient's compliance with an independent home exercise program is not documented. There is no medical necessity for 36 additional physical therapy visits thrice a week for 12 weeks.

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)