

# US Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Feb/09/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Physical Therapy 3x Wk x 4 Wks Lumbar 97110 97140 97150

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

M.D., Board Certified Orthopedic 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

Utilization review determination dated 01/18/12, 12/22/11

Therapy referral/hand therapy center note dated 11/17/11, 09/26/11

Therapy reevaluation dated 10/10/11

Handwritten note dated 12/15/11, 09/02/11

Letter of medical necessity dated 01/03/12

Office visit notes, 12/15/11, 11/17/11, 10/27/11, 10/18/11, 09/27/11, 01/03/12, 08/25/11, 08/09/11

Pt daily progress note dated 10/14/11, 10/12/11, 10/07/11, 10/05/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is XX/XX/XX. On this date the patient was breaking some rock inside the furnace with another partner. The patient was pulled forward as his coworker let go of the rebar and the patient was jerked forward and fell onto his back. The patient was subsequently diagnosed with thoracic and lumbar sprain/strain. The patient was started in physical therapy. Office visit note dated 10/18/11 indicates that the patient feels he is improving, but he is still experiencing low back pain. MRI of the lumbar spine reportedly revealed at L5-S1 a broad central disc protrusion with mild spinal canal stenosis; minimal retrolisthesis at L5-S1 on the basis of facet osteoarthritis. It is also to be known at L5-S1 he does have an annular tear. Follow up note dated 11/17/11 indicates that the patient has completed approximately one month of physical therapy. Follow up note dated 12/15/11 indicates that the patient continues with constant low back pain and symptoms that run into bilateral legs in the right to the foot and on the left to the ankle. On physical examination the patient's motor was guarded and 3+ to 4/5 for all planes bilaterally in the lower extremities. This was noted as an overreactive behavior. Sensory was intact to light touch bilateral and symmetrical. Straight leg raising was negative bilaterally.

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

This man sustained a thoracic and lumbar sprain/strain and has completed 12 sessions of physical therapy to date. The ODG support up to 10 visits of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. Additionally, the ODG do not support the utilization of modality 97150. The reviewer finds the requested Physical Therapy 3x Wk x 4 Wks Lumbar 97110 97140 97150 is not medically necessary.

**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)