

SENT VIA EMAIL OR FAX ON
Feb/16/2012

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/15/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy

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

Internal Medicine

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

OD Guidelines

Utilization review determination 12/28/11

Pre-authorization review 12/27/11

Utilization review determination 01/09/12

Pre-authorization review 01/09/12

Initial report and follow-up MD 12/07/11-01/26/12

Workers' compensation utilization review request 12/22/11

Utilization review reconsideration request 01/05/12

Physical therapy evaluation 11/18/11

Reevaluation 12/21/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male whose date of injury is xx/xx/xx. Records indicate he was up in a turbine on his knees adjusting a snowflake and when he lifted up to try to work the snowflake

up the cables he felt a pop in his low back. The next day he had increased low back pain radiating down the left leg. Claimant was prescribed medications and referred for physical therapy. Records indicate the claimant has a history of lumbar fusion in 2002. Assessment was low back sprain, with previous low back lumbar fusion, and radiculopathy. According to physical therapy reevaluation dated 12/21/11 the claimant has had 10 treatments thus far not including initial evaluation. Claimant reported he was obtaining relief from physical therapy. Follow-up report dated 12/22/11 indicates that the claimant's pain level improved after steroid shot. He reports physical therapy is helping a lot to reduce his pain. Musculoskeletal examination on this date reported deep tenderness of the left buttocks, but none over the lumbar spine, trochanteric or sacroiliac area. General movement demonstrates core stiffness, which is somewhat less than previous visits but still significant. Claimant was recommended to continue physical therapy.

A pre-authorization review dated 12/27/11 determined the request for 12 additional visits of physical therapy to the entire spine was not medically necessary. The reviewer noted that Official Disability Guidelines recommends up to 10 visits for the current diagnosis and the claimant has already completed 10 visits for this injury. The request therefore exceeds cited criteria. Per Official Disability Guidelines, when treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. The subjective note dated 12/21/11 reports the claimant's overall pain level is moderately improved since last evaluation. The objective note dated 12/21/11 reveals tenderness, and is improved since last assessment. The bilateral cervical region at the neck area had mild to moderate taut and tender fibers and has improved since last assessment. Range of motion of the lumbar spine reveals normal extension with left rotation mildly decreased, left lateral flexion normal, flexion normal, right lateral flexion mildly decreased and right rotation normal. Cervical range of motion is moderately improved since last assessment. Lumbar range of motion is moderately improved since last assessment. It was noted that having completed the requisite number of visits the claimant should be encouraged to her home based exercise program. Valid rationale as to why remaining rehabilitation could not be accomplished in the context of an independent exercise program is not specified in the records provided. As such the clinical information obtained does not establish medical necessity, clinical utility and anticipated potential benefits of additional physical therapy visits at this juncture.

A pre-authorization review was performed on 01/09/12 and determined the request for 12 additional visits physical therapy to the entire spine as not medically necessary or appropriate. It was noted that the claimant is showing improvement following 10 physical therapy sessions to date and should continue home physical therapy without patient medical follow-up. No exceptional factors were documented to extend physical therapy sessions beyond the recommended 10 visits.

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

The records presented for review do not establish medical necessity for additional physical therapy. Claimant is noted to have sustained a sprain strain type injury to the low back in the context of a remote history of previous lumbar fusion in xxxx. The claimant has participated in and completed 10 visits of therapy to date with improvement noted. Based on the current diagnosis, Official Disability Guidelines Low Back Chapter supports up to 10 visits with transition to a home based exercise program. The request for additional physical therapy exceeds guidelines, with no evidence of exceptional factors that would support the need for therapy in excess of guidelines either in duration or number of visits. It appears that the claimant has had sufficient formal supervised therapy, and should be capable of continuing to improve with an independent self directed home exercise program as recommended by the guidelines. Consequently, the request for additional physical therapy is not indicated at this time. Previous denials were correctly determined and should be upheld on IRO.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES