# Wren Systems

**An Independent Review Organization**
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jun/18/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**
12 Physical Therapy visits to lumbar and cervical spines

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**
M.D., Board Certified Physical Medicine and Rehabilitation

**REVIEW OUTCOME:**
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[ X ] 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 05/01/12, 05/22/12
Letter dated 05/31/12
Physician referral orders dated 04/17/12
Physical therapy evaluation dated 04/17/12
Peer review dated 09/01/10
Evaluation dated 05/09/11
Appeal for reconsideration dated 05/16/12
Follow up note dated 04/24/12

**PATIENT CLINICAL HISTORY SUMMARY**
The patient is a female whose date of injury is xx/xx/xx. She slipped and fell on a wet surface. According to peer review dated 09/01/10 the patient had complaints of neck, right shoulder, right arm, right hand and bilateral foot pain. She completed 12 sessions of physical therapy from 05/28/10-06/22/10. The patient gives diffuse and nonspecific complaints involving the totality of the right side of her body, neck and lumbar spine. The patient had a previous fusion of the cervical spine. The effects of her original compensable injury have long since dissipated, according to the reviewer. Physical therapy evaluation dated 04/17/12 indicates that the patient has had episodes of pain in the neck and right upper extremity, loss of range of motion and strength. On physical examination the patient's movements are guarded and restricted in the right upper extremity. All range of motion of the cervical spine is markedly reduced from normal. She gets sharp increases in pain from tilting her neck and head up or down. The right forearm is supple and tender at the lateral epicondyle and the extensor group. Right grip and pinch strengths are weaker than on left side. Range of motion of the right shoulder is less than normal. The request for 12 sessions of physical therapy was denied on 05/01/12 noting that the history and documentation do not objectively

support the request for 12 sessions of physical therapy for the claimant's chronic complaints. There is no evidence that she is unable to continue her rehabilitation with an independent home exercise program or that a full course of supervised PT is likely to provide significant additional benefit at this time. Appeal for reconsideration dated 05/16/12 states that the patient would benefit from physical therapy aimed at improving her endurance, range of motion and muscular strength. The denial was upheld on appeal dated 05/22/12 noting that the patient has had extensive PT for this injury in the past. Therefore, the requested additional visits in addition to the previously rendered PT sessions are more than recommended by the cited criteria. The reported injury date was approximately 16 years ago and the patient has already had extensive PT for this injury in the past. There is no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided.

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

The patient sustained injuries more than 16 years ago; however, there is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The patient has reportedly undergone extensive physical therapy in the past; however, the patient's objective, functional response to this treatment is not documented to establish efficacy of treatment and support additional sessions. The patient's compliance with an ongoing home exercise program is not documented. According to the evidence-based guidelines, the patient has completed sufficient formal therapy and should be capable of continuing to improve her strength and range of motion with an independent, self-directed home exercise program. The reviewer finds no medical necessity for 12 Physical Therapy visits to lumbar and cervical spines.

**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**

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

**[ ] MILLIMAN CARE GUIDELINES**

**[ X ] 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)**