

SENT VIA EMAIL OR FAX ON  
Jun/01/2012

## IRO Express Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jun/01/2012

**IRO CASE #:**

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

Outpatient physical therapy for twelve (12) sessions consisting of therapeutic exercises as related to the lumbar spine not to exceed four units per session

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

PM&R and Pain 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

Cover sheet and working documents

Initial consultation and reexamination dated 02/08/, 04/17/12, and 05/17/12

Functional improvement measures dated 03/05/12

Handwritten clinic notes M.C. dated 03/20/12

Patient reevaluation form Dr. dated 04/17/12

Request for preauthorization dated 04/18/12

Notice of utilization review findings dated 04/20/12

Notice of utilization review findings dated 04/26/12

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xx. Initial consultation dated 02/08/12 indicates that on the date of injury the patient was lifting a hydraulic gate while he did not notice that the screen on the gate was broken, causing the patient to twist in an awkward

position. Treatment to date includes x-rays, physical therapy, several MRIs, multiple epidural steroid injections, laminectomy and discectomy in 2009, lumbar fusion on 08/30/11 and medication management. Patient re-examination dated 04/17/12 indicates that he has shown improved strength with postoperative rehabilitation program although he notes the pain in his legs is still moderate. Deep tendon reflexes are diminished in the bilateral Achilles. Straight leg raising is positive bilaterally at 50 degrees on the right and 65 degrees on the left. This note states that the patient has completed 11 sessions of physical therapy to date.

Initial request for 12 physical therapy sessions was partially certified for 6 PT visits to allow full transition to a home exercise program on 04/20/12 noting that the patient has had more than 12 postoperative physical therapy sessions. The claimant has shown improved strength with rehabilitation especially in endurance and leg strength. Deep tendon reflexes show diminished reflexes in the bilateral Achilles. Appeal review dated 04/26/12 indicates that PT x 6 was modified by Forte but refused by the provider's office. The patient is now almost 8 months status post lumbar spine fusion and it appears that he may have only recently been released to begin therapy. It appears that the patient did not have any post op therapy until late February 2012 and ODG notes that guidelines are not meant to be a minimum requirement on each case. There are no documented values listed in regards to strength measurements or range of motion measurements and no comparison is provided to any earlier testing. The submitted record is insufficient to support the medical necessity of the requested services and at this juncture, 8 months post op, the employee should be independent with a self-directed home exercise program and his current PDL should be assessed to determine a RTW status.

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

Based on the clinical information provided, the request for outpatient physical therapy for 12 sessions consisting of therapeutic exercises as related to the lumbar spine not to exceed four units per session is not recommended as medically necessary, and the two previous denials are upheld. The patient underwent lumbar fusion in August 2011 and it appears that he did not begin postoperative physical therapy until February 2012. The reason for this delay is not clearly delineated. There is no comprehensive assessment of postoperative treatment completed to date or the patient's response thereto submitted for review. The patient's compliance with an active home exercise program is not documented. There are no specific, time-limited treatment goals provided. At this point, the patient should be well-versed in a home exercise program as recommended by the guidelines, and no further formal physical therapy is warranted at this time.

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

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

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**