



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy, two sessions per week for eight weeks

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Medical necessity has not been established for the additional sixteen sessions of physical therapy.

INFORMATION PROVIDED FOR REVIEW:

1. URA findings, 2/28/12 to 3/16/12
2. MD, office notes, 10/23/09 to 4/14/12
3. MRI, MRI findings, 6/29/10 to 9/29/11

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This injured his hindfoot on xx/xx/xx. Extensive treatment has been provided including multiple surgeries. A fistula/wound infection developed, which was débrided. Manipulation under anesthesia was performed on 06/29/11. Local/steroid injections have been performed on multiple occasions, he also underwent platelet rich plasma installation, and 44 physical therapy sessions have been provided; 36 after the manipulation under anesthesia.

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

The Official Disability Guidelines endorsed 34 sessions over 16 weeks. This claimant has had 44 sessions; 36 after the manipulation under anesthesia performed on 06/29/11. He plateaus in his progress with therapy. This claimant is practicing twice daily and is well versed in appropriate exercises after 44 therapy sessions. The Official Disability Guidelines do not endorse additional sessions.

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

(Check any of the following that were used in the course of your review.)

- ACOEM-American 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)