

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/13/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy (3x4) or 12 sessions

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

PMR

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Cover sheet and working documents
Letter dated 02/02/10
Handwritten physician progress notes 02/16/10-07/09/12
Initial consultation dated 03/05/10
History and physical dated 03/11/10
Orthopedic comprehensive consultation dated 03/11/10
Radiographic report lumbar spine two views with flexion and extension
Electrodiagnostic interpretation dated 07/26/10
Lab studies 04/25/11
Initial medical consultation and follow-up 05/12/11-08/30/11
Consultation 06/23/11
Radiographic report lumbar spine 07/08/11
Lumbar discogram dated 08/22/11
Operative report dated 12/08/11
Clinic notes 01/25/12-06/25/12
Report of medical evaluation dated 04/24/12
Designated doctor's evaluation dated 05/30/12
Radiographic report lumbar spine 3 views dated 07/06/12
Physical therapy reevaluation dated 08/02/12
Utilization review determination dated 08/09/12
Request for reconsideration physical therapy dated 08/17/12
Utilization review determination dated 08/24/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date the patient fell from his bicycle landing on his right side. EMG/NCV dated 07/26/10 is an unremarkable study. Note dated 06/23/11 indicates that the patient says he has had multiple pain injections, and the patient has had physical therapy in the past. The patient underwent PLIF L4-5 and L5-S1 on 12/08/11 followed by postoperative physical therapy. Designated doctor evaluation dated 04/24/12 indicates that the patient reached MMI as of 04/01/12 with 0% whole person impairment. Designated doctor evaluation dated 05/30/12 indicates that the patient reached MMI on 02/22/12 with 5% whole person impairment.

Initial request for physical therapy x 12 sessions was non-certified on 08/09/12 noting that it is reasonable to expect a full transition to home exercise program after initial program of post-op PT. Such impairments after initial PT program usually respond as well to conservative care that emphasizes self directed exercise. It is noted that ODG recommends initially a trial of PT coordinated with home exercise program with subsequent appropriate full transition to home exercise program thereafter. Further, in this case, the patient has had prior PT with at least 36 post-op approved sessions with apparent plateau in progress with continued residual pain. It appears reasonable to transition to home exercise program at this time. Without additional medical data, present request for a full 12 sessions appears excessive and not medically reasonable at this stage of the impairment process. The denial was upheld on appeal dated 08/24/12 noting that the patient is status post lumbar fusion and is noted to have completed at least 36 post-op PT visits. The request for 12 more physical therapy visits in addition to therapy already completed exceeds ODG treatment guidelines which support up to 34 visits following lumbar fusion. There is no documentation of exceptional factors that would support the need for therapy that exceeds guidelines either in duration or number of visits. It appears that the patient has had sufficient formal therapy and should be capable of continuing to improve with a home exercise program.

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

Based on the clinical information provided, the request for physical therapy (3 x 4) or 12 sessions is not recommended as medically necessary, and the two previous denials are upheld. The patient underwent lumbar fusion in December 2011 and has completed at least 36 postoperative physical therapy visits to date. The Official Disability Guidelines support up to 34 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. The patient's compliance with a home exercise program is not documented. The patient has been determined to have reached maximum medical improvement by a designated doctor. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program as recommended by the guidelines.

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