

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Nov/18/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PT 3 X 4 Lumbar/Neck/Left Shoulder

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

Board Certified Neurosurgery

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

Emergency room report dated xx/xx/xx

Clinical reports dated 01/01/01 – 10/29/13

Clinical report dated 06/20/13

Radiographs of the lumbar spine dated 06/24/13

Radiographs of the cervical spine dated 07/17/13

MRI of the left shoulder dated 05/24/13

MRI of the cervical spine dated 07/16/13

Electrodiagnostic studies dated 06/25/13

Physical therapy plan of care report dated 04/24/13

Physical therapy plan of care report dated 06/19/13

Physical therapy progress of plan report dated 07/18/13

Physical therapy progress plan of care report dated 08/14/13

Physical therapy discharge report dated 08/23/13

Prior reviews dated 09/04/13 & 10/07/13

Telephone messages dated 05/31/13 – 10/18/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. No specific mechanism of injury was noted. The patient was diagnosed with multiple conditions to include a brachial plexus injury and cervical radiculopathy. To date, the patient did complete 24 sessions of physical therapy through 08/23/13. The physical therapy assessment from this report indicated that

the patient was unable to return to work without restrictions and continued to have motor weakness in the lower extremities. The physical therapy plan of care report from 08/14/13 continued to show mild weakness in the upper and lower extremities with some improvements as compared to the 07/17/13 report. There had been some improvements with cervical range of motion as well as left shoulder range of motion. There were continued deficits noted. The patient did also make improvements in regards to lumbar range of motion. Per the clinical report from 09/17/13, the patient was not taking any pain medications and reported pain 3/10 on the VAS scale. The patient was recommended to continue with physical therapy; however, no specific physical examination findings at this visit were noted. There was a clinical report from 10/29/13; however, no specific physical examination findings were noted at this visit.

The request for additional physical therapy for 12 sessions was denied by utilization review on 09/04/13 as there was no evidence of extenuating circumstances to support physical therapy already exceeding guideline recommendations.

The request was again denied by utilization review on 10/07/13 as the patient had already exceeded guideline recommendations regarding physical therapy and there were no demonstrable exceptional factors to support ongoing physical therapy.

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

The patient sustained injuries to the neck and left shoulder on the date of injury in question. The patient did undergo 24 sessions of physical therapy through August of 2013 with noted improvements. Although the most recent physical therapy assessment did identify some continuing restrictions, the most recent clinical reports available for review for this patient did not provide any objective findings from physical examinations supporting exceptional factors that would substantiate ongoing physical therapy beyond the number of sessions recommended per current evidence based guidelines. Given the lack of any recent clinical exam findings for this patient to support ongoing physical therapy, it is this reviewer's opinion that medical necessity for the request is not established and the prior denials are upheld.

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