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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jul/31/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 10 visits 3X lumbar

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

Board Certified Family Practice

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

Utilization review determination dated 07/03/13, 06/05/13

Office note dated 07/16/13, 07/02/13, 06/13/13, 06/06/13, 05/30/13, 05/23/13, 05/13/13, 04/22/13

Physician's communication dated 05/29/13, 05/07/13

Progress/treatment note dated 05/29/13, 05/07/13, 05/15/13, 05/17/13, 05/22/13, 05/23/13, 05/31/13

Plan of care dated 04/25/13

Designated doctor evaluation dated 05/31/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The patient reports the development of low back pain. The patient was seen and diagnosed with lumbar sprain. The patient was subsequently authorized for 14 physical therapy visits. Follow up note dated 05/23/13 indicates that he complains of continued and persistent pain in his left shoulder and lower back. Note dated 06/06/13 indicates that the patient has been attending physical therapy and has completed 14 sessions, and that has helped greatly. On physical examination the patient is ambulating without difficulties. He can rise from and assume the seated position without difficulties. Physical examination on 06/13/13 indicates mild tenderness in the back. Straight leg raising is negative. His motor exam is 5/5. Note dated 07/16/13 indicates that the patient very much wants to continue his physical therapy.

Initial request for physical therapy 10 visits lumbar was non-certified on 06/05/13 noting that submitted records were not able to provide documented evidence of progression/improvement throughout the completed PT sessions. Guidelines allow up to 10 PT visits for the patient's diagnosis, and the request was for additional ten visits on top of the 12 completed sessions. There were no noted exceptional factors warranting PT past guideline recommendation. Also, the patient has been approved for 14 PT sessions, and has only completed 12 sessions per submitted documentation. There is no medical necessity for extension of PT past guideline recommendation prior to completion of authorized sessions. The denial was upheld on appeal dated 07/03/13 noting that guidelines recommend up to 12 PT visits for the patient's current condition. As he has already been authorized with 14 visits to date, the additional ten visits being requested are already in excess of guideline recommendations. Considering that significant functional deficits were not noted during the latest evaluation, and there were no reported exceptional clinical circumstances for continued skilled therapy versus doing a home exercise program at this point, extension of treatment beyond guideline recommendations is not warranted.

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

The patient has completed 14 physical therapy visits to date. The Official Disability Guidelines support up to 12 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 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 such, it is the opinion of the reviewer that the request physical therapy 10 visits 3 x lumbar is not recommended as medically necessary.

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