

# Applied Resolutions LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Jan/08/2013

**IRO CASE #:**

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

PT 3 X 4 for the lumbar spine

**A 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)

**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 11/27/12, 12/03/12  
Referral form dated 11/16/12  
Plan of care dated 11/15/12  
Internal communication dated 11/16/12  
Office/clinic note dated 11/26/12, 10/29/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was involved in a head on motor vehicle accident. Diagnoses are listed as lumbago, sciatica and difficulty in walking. Note dated 11/16/12 indicates that the patient has completed 10 visits of physical therapy for treatment of his low back pain consisting of stretching, lumbar stabilization and modalities for pain control. The patient's progress over the last 30 days has been limited by blood pressure issues and dizziness. The patient has followed up with physician for blood pressure issues which now appear to be better controlled. Office/clinic note dated 11/26/12 indicates that the patient presents with continued improvement in right wrist pain. He notes that with PT he is able to lift heavier objects. He continues to have right groin pain which radiates into his medial thigh and weakness of his right leg. Medications are listed as Cymbalta, Flexeril, Lasix, Lortab, Xanax, Lisinopril and methimazole. On physical examination lumbar flexion to waist, extension from flexed position is slowed due to pain. There is full range of motion on lateral bending and rotation. Straight leg raising is positive on

the right.

Initial request for PT 3 x 4 was non-certified on 11/27/12 noting that treatment to date includes 12 sessions of physical therapy and 18 sessions of occupational therapy. The claimant has had prior therapy in amounts well in excess of that suggested by the criteria below. He has failed to respond favorably to the same. His symptoms of radicular low back pain apparently persist. He has failed to return to regular duty work. The goals of further physical therapy have not been clearly stated. Many of the modalities requested appear to be passive rather than active in nature. At this point, little under one year removed from the date of injury, the emphasis should be on active modalities, reducing the frequency of physical therapy and transitioning the claimant toward an independently performed home exercise program and trial of regular duty. No clear return to work plans have been proffered here. Finally, it does not appear that the claimant has returned to his attending provider for reevaluation between the course of therapy. The denial was upheld on appeal dated 12/03/12 noting that the patient has had 10 visits of physical therapy. There has been improvement, per the PT notes. Pain persists at 2-5/10. There was full range of motion. There was positive straight leg raises. The claimant should be able to be transitioned to a home exercise program. The request exceeds evidence based guidelines.

**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 PT 3 x 4 is not recommended as medically necessary, and the two previous denials are upheld. The patient has completed at least 10 visits of physical therapy to date. The Official Disability Guidelines support up to 10 visits 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 failed to return to work at regular duty despite physical therapy. There is no clear rationale provided as to why any remaining pain and/or functional deficits cannot be addressed with an active home exercise program. 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.

**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**