

# Applied Assessments LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Jun/24/2013

**IRO CASE #:**

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

9 sessions (3 time per week for 3 weeks) of additional physical therapy for the lumber spine and left shoulder

**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 04/30/13, 05/24/13, 09/20/11  
Approval of request to change treating doctor dated 09/13/11  
Accident patient history dated 04/12/13  
Peer review dated 11/28/11  
Request for physical therapy dated 05/07/13, 04/16/13  
Treatment goals dated 04/12/13  
Treatment plan and recommendations dated 08/10/11  
Treatment goals dated 08/10/11  
New patient exam dated 04/12/13, 08/10/11

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female whose date of injury is xx/xx/xx. On this date the patient was pushing

and pulling a large flatbed of supplies and injured her left side, shoulder, lower back and leg. Peer review dated 11/28/11 indicates that diagnoses are left shoulder strain/sprain and lumbar strain/sprain. Treatment to date has consisted of approximately 10 sessions of physical therapy. Future treatment should consist of non-steroidal anti-inflammatory medication. There is no further rationale for physical therapy, further diagnostic testing, injections or surgery, prescription medications or DME. Patient exam dated 04/12/13 indicates positive right lateral compression for cervical spine. Cervical palpatory findings C4, C5, C6, and thoracic palpatory findings T1, T2, T3, T4. Lumbar palpatory findings are noted at L4, L5 and S1.

Initial request for 9 sessions (3 times per week for 3 weeks) of additional physical therapy for the lumbar spine and left shoulder was non-certified on 04/30/13 noting that claimant has had PT in the past. She should be able to perform active home exercises. There is no indication for PT at this time. The denial was upheld on appeal dated 05/24/13 noting that a written rebuttal to the rationale cited for the last denial has not been provided and no new clinical information has been submitted for review. The patient is over 2 years and 1 month post soft tissue injury; there is no record of the employee requiring or undergoing any recent treatment; according to peer reviewed literature, the natural history of soft tissue injuries generally indicate complete resolution in a period of 2 to 8 weeks depending upon the severity of the injury and the employee has already exceeded this time frame. No explanation has been given as to how the current request is related to the original work injury of over 2 years ago, and no objective barriers have been identified which would have prevented the natural resolution of this injury within the past 2 years.

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

The patient sustained injuries in xx/xx and underwent an initial course of physical therapy. Peer review dated 11/28/11 indicates that diagnoses are left shoulder strain/sprain and lumbar strain/sprain. Treatment to date has consisted of approximately 10 sessions of physical therapy. Future treatment should consist of non-steroidal anti-inflammatory medication. There is no further rationale for physical therapy, further diagnostic testing, injections or surgery, prescription medications or DME. The patient sustained sprain/strain injuries which should have resolved at this time. There are no specific, time-limited treatment goals provided, and the patient's compliance with an active home exercise program is not 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 for 9 sessions (3 times per week for 3 weeks) of additional physical therapy for the lumbar spine and left shoulder is not recommended as medically necessary.

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

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**