

# True Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Feb/28/2013

**IRO CASE #:**

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

Additional PT and Aquatic Therapy 2x3 to Lumbar Spine

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

Board Certified Orthopedic Surgeon (Joint)

**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 01/21/13, 12/17/12

Office note dated 12/11/12, 01/08/13, 02/05/13, 10/25/12, 08/02/12, 06/28/12, 05/24/12, 04/26/12, 03/27/12, 03/08/12, 01/26/12, 01/12/12, 12/15/11

Lumbar CT myelogram dated 03/02/12

Discharge summary dated 12/27/12

Monthly note dated 12/12/12

Radiographic report dated 01/23/12

CT lumbar spine dated 11/08/11

Script dated 12/11/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male whose date of injury is xx/xx/xx. On this date the patient reports that he went to sit down in a chair when the chair moved from under him and he hit his back with the steel bar of the chair. Note dated 12/15/11 indicates that he has tried injections, acupuncture

and physical therapy which have not helped. Lumbar CT myelogram dated 03/02/12 revealed limited evaluation of the L5-S1 space because of artifacts from the bilateral transpedicular screws; no obvious significant discal herniation or neural foraminal stenosis at this level or elsewhere. There is mild anterolisthesis of L5 on S1 and severe disc space narrowing at L5-S1. Note dated 12/12/12 indicates that the patient has completed 9 sessions of physical therapy since 11/15/12. Pain increased from 8/10 to 10/10. The patient is reportedly making slow but steady progress toward goals. Follow up note dated 12/11/12 indicates that neurologically the physical therapy is helping now, there is spasm to the lumbar spine which are better, with limited back movements and motor functions are the same. Note dated 01/08/13 indicates that the patient is still doing home exercises. The patient states that he was feeling some improvement with the physical therapy and aquatic therapy.

Initial request for additional PT and aquatic therapy 2 x 3 to lumbar spine was non-certified on 12/17/12 noting that according to the ODG Low Back Chapter, 10 sessions of PT are allowable for the patient's condition. It is unclear why the claimant cannot be transitioned to a home exercise program. The claimant has already exceeded the allowable number of physical therapy sessions. The denial was upheld on appeal dated 01/21/13 noting that ODG recommends 10 sessions of physical therapy for an injury of this nature. The documentation does detail the claimant having completed 9 physical therapy sessions to date. This request exceeds guideline recommendations as no exceptional factors were noted in the documentation. Additionally, there is mention in the clinical notes regarding the claimant continuing with a home exercise program. Furthermore, there is a lack of information regarding the claimant's need for aquatic therapy or inability to complete land-based therapy.

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

The patient completed 9 sessions of physical therapy between 11/15/12 and 12/12/12. The Official Disability Guidelines support up to 10 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 for additional PT and aquatic therapy 2 x 3 to lumbar spine 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**