

Pure Resolutions LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

April/2/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional sessions of physical therapy 3 X 4

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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The patient fell backwards landed on the corner of a desk and then onto the floor. Initial evaluation dated 01/02/14 indicates that pain level is 4/10 best and 8/10 worst. The patient complains of pain in the lower back and neck. CT of the cervical spine dated 01/09/14 revealed no cervical spine fracture or subluxation. There is moderate loss of disc height seen at C6-7 with moderate bilateral uncovertebral spurring and moderate bilateral foraminal narrowing at this level. The patient subsequently completed 12 physical therapy visits. Re-evaluation dated 02/06/14 indicates that pain level is 3/10 best and 4/10 worst. His pain is more central in his neck. On physical examination there are no motor or sensory deficits. He overall is doing a lot better. He is moving much better. Discharge summary dated 02/20/14 indicates that the patient was provided with a home exercise program.

Initial request for additional sessions of physical therapy 3 x 4 was non-certified on 02/12/14 noting that the claimant has attended what should have been a reasonable number of physical therapy visits supported by guidelines and there is no objective clinical evidence that warrants the continuation of PT for an extended period of time. He has been found to be capable of light work and there is no evidence that he remains unable to complete his rehab with an independent home exercise program for strengthening. His course of treatment from the date of injury to January/February is unclear. The denial was upheld on appeal dated 03/10/14 noting that the patient has completed a comprehensive course of supervised rehab.

There is no evidence of barriers to continuation with an independent home exercise program at this time which is what ODG recommends. Additional supervised rehab in gross excess of the ODG recommended maximums for the diagnosis is not supported.

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

The patient sustained injuries on xx/xx/xx as a result of a fall and has completed 12 physical therapy visits to date. The Official Disability Guidelines support up to 10 sessions 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 sessions of physical therapy 3 x 4 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