

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Dec/16/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional low back PT 12 sessions to include aquatic therapy

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

PM&R

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 10/21/13, 11/06/13, 05/22/13, 06/28/13, 07/15/13, 09/20/13

Physical therapy re-evaluation dated 10/08/13

Notepad listing dated 11/01/13

Designated doctor evaluation dated 11/07/13

MRI lumbar spine dated 06/05/13

MRI thoracic spine dated 06/05/13

Radiographic report dated 06/05/13

Functional capacity evaluation dated 08/23/13

Letter dated 11/19/13, 11/06/13, 10/24/13

Follow up note dated 11/19/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. The mechanism of injury is described as lifting. MRI of the lumbar spine dated 06/05/13 revealed right paracentral disc protrusion at L2-3; degenerative disc bulges with annular tears at L3-4, L4-5 and L5-S1. Functional capacity evaluation dated 08/23/13 indicates that required PDL is medium and current PDL is light. Physical therapy re-evaluation dated 10/08/13 indicates diagnoses are lumbar strain, backache and muscle spasm. The patient has completed 10 hours of work conditioning program. Designated doctor evaluation dated 11/07/13 indicates that diagnosis is lumbar

sprain/strain. The patient was determined to have reached maximum medical improvement as of 08/07/13 with 5% whole person impairment. Follow up note dated 11/19/13 indicates that the patient's low back pain is rated as 7/10. On physical examination lumbar range of motion is reduced. Straight leg raising is positive on the right at 20 degrees and on the left at 70 degrees.

Initial request for additional physical therapy was non-certified on 10/24/13 noting that claimant has completed extensive previous physical therapy sessions in excess of ODG recommendations. Medical necessity is not established for additional skilled therapy sessions beyond evidence-based recommendations. The denial was upheld on appeal dated 11/06/13 noting that the patient suffered a low back strain and has received conservative care including 33 PT sessions and an initial attempt at work hardening having completed 10 sessions. IW continues symptomatic. Given failure to progress with extensive PT, it is clear that IW has plateaued and should be transitioned to a home exercise program at this time.

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

The patient has completed 33 physical therapy visits to date as well as 10 hours of work conditioning program. 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 continuing to exceed 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 low back PT 12 sessions to include aquatic therapy 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