

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Feb/13/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Physical Therapy Lumbar Spine

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified Physical Medicine and Rehabilitation 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 12/09/13, 12/27/13
Letter dated 01/03/14
Initial request dated 12/04/13
History and physical dated 12/03/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is xx/xx/xx. The mechanism of injury is described as a fall. History and physical dated 12/03/13 indicates that the patient has returned to work. The patient previously completed 6 sessions of physical therapy and has had injections. On physical examination lumbar flexion is 50%, extension 40%, right rotation 40%, left rotation 50%, left sidebending 70%, right sidebending 50%. It is noted that the patient offered minimal information and almost had to be pulled out of her during subjective interview. Patient was very guarded during the evaluation and the exam was performed as able.

Initial request for physical therapy lumbar spine was non-certified on 12/09/13 noting that the request is for 4 sessions of physical therapy. Claimant has had prior physical therapy; however, the total number is unknown. The most current note provided for review is from 07/13. Will need current notes with detailed and objective physical examination findings and documentation of claimant's objective response to prior physical therapy to adequately support and guide request for additional. The denial was upheld on appeal dated 12/27/13 noting that PT note dated 12/12/13 does not discuss the prior PT efficacy. The PT is to include passive modalities, therapeutic exercise and training in home exercise program. The patient has had 12 prior sessions. No documented re-injury.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries in xx/xxxx

secondary to a fall. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. It appears that the patient has completed at least 12 sessions of physical therapy to date. The patient's objective functional response to therapy is not documented to establish efficacy of treatment. There are no serial physical therapy notes submitted for review. The patient's compliance with a home exercise program is not documented. As such, it is the opinion of the reviewer that the request for physical therapy 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:

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)