



**MEDICAL EVALUATORS
OF TEXAS ASO, LLC.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

Notice of Independent Review Decision

DATE OF REVIEW: 08/10/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Continuation of outpatient physical therapy as requested by Richard Bang, MD and Raymond Leal, PT

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

The reviewer of this case is licensed Physical Therapist and is presently licensed and practicing in the state of Texas

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)

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained injury on xx/xx/xx when he bent forward to lift a x from low surface while he was seated with legs spread far apart and felt immediate pain in his groin area. The claimant had CT scan of the pelvis on 05/04/2015 that showed an unremarkable CT appearance of the pelvis.

The claimant has been treated with medications and physical therapy from 05/20/2015 through 06/20/2015. The claimant's medication treatment includes Andro Gel 1%, Atorvastatin, Citalopram, Fenofibrate, Levothyroxine, Lisinopril, Metformin, NovoLog and Seroquel.

Therapy progress note dated 05/16/2015 indicates the claimant had attended 7 sessions. Pain level was 2/10. The exam showed moderate restriction of lumbar extension and left rotation, 4/5 hip and knee strength bilaterally, and tenderness along the hip adductors. Therapy note dated 06/18/2015 indicates that the claimant had attended 8 sessions.



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Prior UR dated 06/25/2015 denied the request for coverage of 8 additional sessions of physical therapy due to There is no evidence that the claimant has sustained an injury beyond a soft tissue sprain/strain. The claimant has been afforded a reasonable course of rehabilitative therapy and he should be able to continue his rehab via self directed exercises. There is inadequate reason for 8 additional monitored therapy sessions in excess of ODG recommendations.

Office visit dated 07/01/2015 documented the claimant is unable to squat and walks with painful limp. Objective findings on exam included tenderness on examination of the bilateral hips with restricted range of motion secondary to pain. The claimant was diagnosed with sprain of the hip and thighs and 8 additional sessions of physical therapy was recommended.

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

The OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES (ODG) recommends 9 visits of physical therapy over 8 weeks for sprains and strains of hip and thigh (ICD9 843). The medical records document a decrease in pain to 2/10 after 8 sessions of physical therapy in a period of a month. The documents further state that there is no evidence of a more complex injury beyond a soft tissue sprain/strain. The claimant is noted to be compliant with current home exercise program as provided by the skilled therapist and upon conclusion of treatment on 06/20/2015, the claimant is 8 weeks post soft tissue injury. There is no indication of why additional therapy, beyond the recommended duration, would be beneficial. Based on the ODG as well as the clinical documentation stated above, the request is not determined to be medically necessary.



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

- ACOEM- AMERICAN 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)

ODG - Hip & Pelvis (Acute & Chronic) – Online version

Physical medicine treatment

ODG Physical Medicine Guidelines –

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less).

Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.

Sprains and strains of hip and thigh (ICD9 843):

9 visits over 8 weeks

[ms]