

True Decisions Inc.
An Independent Review Organization

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Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Family Medicine

Description of the service or services in dispute:

Additional outpatient PT to the cervical spine and wrist, three times per week over three weeks consisting of therapeutic exercises, neuromuscular re-education, aquatic therapy and manual therapy

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)

Patient Clinical History (Summary)

The patient is a female whose date of injury is xx/xx/xx. The patient's shoe was caught in a crack as she was walking and she tripped and fell. She was subsequently diagnosed with cervical strain and wrist sprain. The patient has been authorized for 21 physical therapy visits to date. Functional capacity evaluation dated 04/27/15 indicates that current PDL is light and required PDL is light. Handwritten note dated 06/15/15 indicates that pain level is 2-4/10. There is stiffness and discomfort in the neck. Cervical range of motion is flexion 50, extension 45, right side bend 50, left side bend 40, right rotation 90 and left rotation 60 degrees.

The initial request for additional outpatient PT to the cervical spine and wrist, three times per week over three weeks consisting of therapeutic exercises, neuromuscular re-education, aquatic therapy and manual therapy was non-certified on 06/18/15 noting that 21 physical therapy sessions for the cervical spine and right wrist were previously authorized. The claimant has completed a course of physical therapy exceeding ODG recommendations. Based upon amount of therapy completed, it is assumed that a home exercise program is in place. A recent functional capacity evaluation found her to be at a PDC consistent with that required for her work. The denial was upheld on appeal dated 07/21/15 noting that the records did not document sufficient information supporting the need to continue to deviate from guideline recommendations versus transitioning to a home exercise program to address any residual issues. The records did not have a medical rationale supporting the continued need for structured physical therapy versus home exercise program.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient sustained a cervical strain and wrist sprain on xx/xx/xx and has been authorized for 21 physical therapy visits to date. The Official Disability Guidelines support up to 10 sessions of physical therapy for the patient's diagnoses, and there is no clear rationale provided to support exceeding these recommendations. There are no exceptional factors of delayed recovery documented. Functional capacity evaluation dated 04/27/15 indicates that the patient met her required physical demand level at that time. 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 outpatient PT to the cervical spine and wrist, three times per week over

three weeks consisting of therapeutic exercises, neuromuscular re-education, aquatic therapy and manual 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:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)