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DATE NOTICE SENT TO ALL PARTIES: Nov/25/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 8 additional visits physical therapy body part; Lumbar/Cervical spine

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

DO, Board Certified PM&R

DO, Board Certified 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. it is the opinion of the reviewer that the request for 8 additional visits physical therapy body part; Lumbar/Cervical spine is not recommended as medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is XX/XX/XX. The patient was involved in a motor vehicle accident. Questionnaire dated 06/29/15 indicates that treatment failed is physical therapy. Plan of care dated 10/09/15 indicates that the patient has completed 25 physical therapy visits to date. Diagnoses are listed as cervicalgia, low back pain, sprain of neck, sprain of lumbar and lumbago. It is reported that he is expected to benefit greatly from continued PT with emphasis on maximizing his pain-free neck and lumbar AROM and activity tolerance. Re-evaluation dated 10/09/15 indicates that neck pain is rated as 5/10 and low back pain is 1/10. On physical examination cervical range of motion is 50% extension, 60% flexion, 58% bilateral rotation, largely unchanged from evaluation on 09/29/15. Lumbar range of motion is extension 50%, flexion 80%, bilateral rotation 70% and bilateral side bending 40%, unchanged from prior evaluation. Office visit note dated 10/16/15 indicates that gait is normal. There is decreased and painful left rotation of the cervical spine. Neurovascular function is intact. Assessment notes strain of neck muscle.

Initial request for 8 additional visits of physical therapy body part lumbar cervical spine was non-certified on 10/23/15 noting that the patient has completed 24 sessions of PT without any significant and substantial or sustained progress in the past six visits. He should be well versed with independent exercise at home. He has exceeded the number of sessions of PT recommended for sprains of neck, lumbar area and general musculoskeletal pain. Further, since there hasn't been improvement in the past six sessions, further PT is unlikely to produce any benefit. The denial was upheld on appeal dated 11/06/15 noting that the patient has completed 24 sessions of TP over 4 months, well beyond the number and duration recommended by ODG. Documentation shows the patient is at plateau and has shown no gain from therapy over the last many visits. The patient should be well-versed in an independent exercise program by now considering the amount of therapy that has been completed.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient was involved in a motor vehicle accident on XX/XX/XX and has completed 25 physical therapy visits to date for diagnoses of cervicalgia, low back pain, sprain of neck, sprain of lumbar and lumbago. 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. It appears that the patient has plateaued in therapy. 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 8 additional visits physical therapy body part; Lumbar/Cervical spine is not recommended as medically necessary and the prior denials are upheld.

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)