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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 01/27/2015

Review Outcome:

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

Orthopedic Surgery

Description of the service or services in dispute:

12 PT for back and neck 3 X week for 4 weeks

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 male whose date of injury is xx/xx/xx. The mechanism of injury is described as twisting during turbulence on a plane to avoid hitting a passenger. Cervical MRI dated 10/23/14 revealed disc desiccation at C4-5. There is a 3-4 mm right paramedian disc osteophyte complex at this level with mild narrowing of the right neural foramen, possible impingement on the crossing right C5 nerve root. There is mild degenerative disc disease at C5-6. There is a 3-4 mm right paramedian to intraforaminal disc osteophyte complex at this level with moderate right sided neural foraminal stenosis and probable impingement on the crossing right C6 nerve root. There is a bulging disc at C6-7 without a focal disc herniation. Lumbar MRI dated 10/23/14 revealed mild multilevel disc desiccation. There is a mild disc bulge with mild central canal stenosis at L2-3 and L3-4. At L4-5 there is a mild disc bulge with moderate bilateral neural foraminal stenosis and bilateral facet joint arthritic change; no nerve root impingement. Physical examination on 11/19/14 noted point tenderness in the neck and back region without spasm or triggering. Deep tendon reflexes are symmetrically equal. There is radiation of pain down the bilateral legs with straight leg raising, but no pain going up to the back region. Motor function is 5/5. EMG/NCV dated 12/08/14 revealed findings of bilateral carpal tunnel syndrome worse on the right side and suggestive of bilateral C5-6 and L4-5 radiculopathy/radiculitis. Follow up note dated 12/17/14 indicates that diagnosis is bilateral C5-6 and L4-5 radiculopathy, cervical and lumbosacral pain, and past medical history of neck and back pathology with negative EMG/NCV in the past. The patient has been authorized for 12 physical therapy visits to date. Note dated 12/29/14 indicates that he has previously completed 12 sessions of physical therapy. On physical examination there is decreased range of motion of the cervical and lumbar spine. There is tenderness to palpation in the cervical and lumbar paraspinal muscles. Manual muscle testing, sensory and reflexes are within normal limits. Straight leg raising is positive bilaterally. Spurling sign is positive on the left side.

Initial request for 12 PT for back and neck 3 x week for 4 weeks was non-certified on 12/10/14 noting that ODG supports up to a maximum of 10 visits. The patient has previously been authorized for 12 physical therapy visits and an additional 12 visits have been requested. The most recent evaluation by the physical therapist indicates that the claimant is progressing slower than expected. Given the lack of documented improvement or significant progression with the current physical therapy plan and when noting that the current number physical therapy visits authorized has already exceeded the guidelines, the requested additional therapy is considered not medically necessary. The denial was upheld on appeal dated 12/19/14 noting that it does not appear that a re-evaluation has occurred since the initial course of physical therapy. The therapist is documented as indicating that the injured worker has progressed slower than expected.

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

The patient has completed 12 physical therapy visits to date. The Official Disability Guidelines support up to 10-12 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. The submitted records indicate that the patient is progressing more slowly than expected. 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 12 PT for back and neck 3 x week for 4 weeks 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)