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An Independent Review Organization

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Case Number:

Date of Notice: 11/11/2015

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:

12-18 physical therapy sessions 2-3 times a week for 6 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 female who initially presented in with complaints of low back and hip pain. The clinical note indicates the patient having initially sustained a left sided distal radius fracture. The patient reported doing well. However, the patient had complaints of right sided hip pain at that time. The patient reported having undergone a strenuous workout for race walking and resulting in posterior hip pain. Upon exam, the patient was able to demonstrate full range of motion at the hip. Symptoms were also identified over the right SI joint. Tenderness was identified upon palpation. The procedural note dated indicates the patient having complaints of ongoing low back pain. The note indicates the patient having undergone a tendon injection at the origin and tender points of the hamstring group. The clinical note dated indicates the patient continuing with right sided hip pain. A previous gynecological evaluation revealed no pelvic floor weakness or defect. Pain was primarily located at the piriformis and gluteus medius region. The note indicates the patient having been utilizing Celebrex at that time. Upon exam, the patient was able to demonstrate full unrestricted range of motion at the right hip. No evidence of labral irritability was identified. Tenderness continued over the piriformis tendon and gluteus medius musculature. The patient was recommended for an MRI of the right hip at that time. The MRI of the pelvis dated revealed tendinosis over the right side of the hamstring. The clinical note indicates the patient continuing with right hip pain. The note indicates the patient continuing with the use of Celebrex to address the ongoing right hip pain. Upon exam, the patient was identified as having a positive Trendelenburg, right greater than left. An increased anterior tilt of the pelvis was identified. The patient had primarily right sided lower extremity pain. The note indicates the patient having a positive straight leg raise at 80 degrees bilaterally. 4-/5 strength was identified at the gluteus medius musculature. Range of motion throughout the hips was identified as within normal limits. Minimal complaints were identified with sacroiliac joint compression testing. The therapy note dated indicates the patient having recently completed a total of 7 physical therapy sessions to date. The clinical note indicates the patient's symptoms had improved through the therapy course. There is an indication the patient had been prescribed the use of Tramadol as well. The patient rated the ongoing pain as 7/10. Strength deficits continued throughout the hips.

The utilization reviews resulted in denials as insufficient information had been submitted supporting ongoing physical therapy for a.

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

The documentation indicates the patient complaining of ongoing hip pain. There is an indication the patient has been diagnosed with piriformis syndrome. The patient has recently completed a course of 7 physical therapy sessions to date. The recent clinical notes indicate the patient able to demonstrate full range of motion with minimal strength deficits at the hips. Ongoing therapy would be indicated provided the patient

meets specific criteria to include ongoing functional improvements through the previously completed course of treatment. Minimal information was submitted confirming the patient's objective functional improvements through the recently completed course of physical therapy. Additionally, given that the patient has recently completed a course of 7 sessions, no exceptional factors were identified indicating the need for additional therapy. Given these factors, the request is not indicated as medically necessary. As such, it is the opinion of this reviewer that the request for 12-18 physical therapy sessions, 2-3 x each week for 6 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)