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DATE NOTICE SENT TO ALL PARTIES: June/08/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: additional 10 sessions of physical therapy, lumbar spine

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board Certified Physical Medicine and Rehabilitation

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 additional 10 sessions of physical therapy, lumbar spine is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is XX/XX/XX. On this date she slipped and fell on a wet surface at work. MRI of the lumbar spine dated XX/XX/XX revealed L4-5 and L5-S1 front back neural foramina compromise with no mass effect on exiting nerve roots at either level. Designated doctor evaluation dated XX/XX/XX indicates that the patient's functional capacity evaluation indicates the patient is able to return to work without restrictions. The patient was recommended for a course of physical therapy. Physical therapy report dated XX/XX/XX indicates that the patient underwent right knee surgery in XX/XXXX with no real improvement. She reports that physical therapy made her radiculopathy worse. EMG/NCV dated XX/XX/XX revealed evidence of a probable lumbar radiculopathy. Office visit note dated XX/XX/XX indicates that the patient complains of generalized pain which is no longer ameliorated by ibuprofen or by the use of Metaxalone.

On physical examination the patient ambulates with a normal gait, moves easily, without difficulty. Assessment is left lumbar radiculopathy. The patient was recommended to go to physical therapy. Progress note dated XX/XX/XX indicates that the patient is up to full weightbearing. Current medications are Ambien, Arthrotec, Flexeril, ibuprofen and Metaxalone. On physical examination paraspinal musculature is nontender to palpation. There is no pain on range of motion. Paraspinal muscle strength is within normal limits. Straight leg raising is negative bilaterally. Deep tendon reflexes are normal bilaterally.

Initial request for additional 10 sessions of physical therapy, lumbar spine was non-certified on XX/XX/XX noting that the guidelines would support ten physical therapy sessions. Records reflect there were 40 previous physical therapy sessions. The therapy notes indicate therapy made radiculopathy worse with very little improvement since the injury. Records do not reflect a current clinical note from the clinician with a complete physical examination. There is no documentation to support the need for continued, formal physical therapy versus

a self-directed home exercise program. The denial was upheld on appeal dated XX/XX/XX noting that additional records were not submitted. The guidelines would support ten physical therapy sessions. The claimant has had 40 physical therapy sessions to date. The requested physical therapy would exceed guideline recommendations. There was no notation of increased function or decreased pain with the previous physical therapy. There is no documentation to support the need for continued, formal physical therapy versus a self-directed home exercise program.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries on XX/XX/XX as a result of a slip and fall and has completed approximately 40 physical therapy visits to date. The Official Disability Guidelines support up to 10 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. When treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. 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 10 sessions of physical therapy, lumbar 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)