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## **Notice of Independent Review Decision**

Case Number:

Date of Notice: 03/07/2016

### **Review Outcome:**

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

Physican Medicine And Rehab

### **Description of the service or services in dispute:**

Additional 12 sessions of physical therapy, cervical spine

**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 reported an injury on XX/XX/XX. The mechanism of injury was reported after tripping over a X, the patient hit her head on a metal doorframe. The patient was diagnosed with scalp contusion and low back pain. Records indicate that the patient had undergone 12 physical therapy visits and had made some progress with range of motion. During the assessment on XX/XX/XX, the patient complained of continued neck pain and stiffness mostly on the right side. She reported occasional mild numbness in the right hand with activity. The MRI of the cervical spine performed during the visit, was noted to reveal a small posterior disc osteophyte complex at C3-4, eccentric to the right, with mild right neural foraminal narrowing; otherwise an unremarkable study. The physical examination of the cervical spine performed on XX/XX/XX mr, was noted to reveal tenderness to palpation in the left cervical musculature. Decreased flexion and extension, but improved from the last visit. There was minimal lateral bending of the neck bilaterally. There was decreased rotation of the cervical spine.

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

The Official Disability Guidelines recommended 10 visits over 8 weeks for cervical sprains and strains. Records indicate that the patient had undergone 12 sessions of physical therapy and had made some progress with range of motion. However, the most recent clinical documentation provided for review failed to include a comprehensive physical examination of the cervical spine, to reveal any current functional deficits such as decreased range of motion and decreased motor strength to support the request for ongoing physical therapy.

There were was a lack of objective functional improvement made with the past physical therapy sessions. The requested 12 additional physical therapy sessions for the cervical spine exceeds guideline recommendations, and there were no exceptional factors to justify additional supervised physical therapy sessions over a home exercise program. As such, the requested 12 additional physical therapy sessions for the cervical spine are not supported, and the prior determination is upheld.

***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)