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Notice of Independent Review Decision

Case Number:

Date of Notice: 03/09/2016

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:

Six session of physical therapy for the groin

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 when she was dust mopping. The patient was diagnosed with groin muscle pain. The limited groin inguinal ultrasound dated XX/XX/XX revealed no abnormality detected within the groin inguinal area. The patient completed 6 physical therapy visits. The physical therapy re-evaluation indicated the patient was provided a home exercise therapy program and had slightly improved with treatment. The note indicated the patient tolerated only assisted hip abduction and adduction. The left hip 3 views x-ray revealed mild left hip joint osteoarthritis. Request was submitted for continued physical therapy treatment of 6 visits.

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

Official Disability Guidelines recommend 9 physical therapy visits for treatment of sprains and strains of the hip and thigh including a full re-evaluation after a 6 visit clinical trial to assess functional improvement. The documentation submitted for review did provide a re-evaluation, however, the re-evaluation failed to include evidence of quantified functional improvement. With the previous determinations, the requested 6 additional physical therapy visits is not medically necessary and the prior decision 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)