

Independent Resolutions Inc.
An Independent Review Organization

Phone Number:
(682) 238-4977

835 E Lamar Blvd. 394
Arlington, TX 76011

Email: independentresolutions@irosolutions.com

Fax Number:
(817) 385-9610

Notice of Independent Review Decision

Case Number:

Date of Notice: 01/22/2016

Review Outcome:

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

Orthopedic Surgery And Spine Surgery

Description of the service or services in dispute:

Physical Therapy

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)

This patient is a female who reported an injury on XX/XX/XX. Per the clinical note dated XX/XX/XX, the patient complained of pain in the low back. She was using multiple medications at the time of the visit. On examination, she had mild tension signs on the right side, and a positive straight leg raise. She had mild discomfort on faber examination reproducing some mild SI joint discomfort, but otherwise an unremarkable neurological examination with no motor weakness. It was recommended that she continue with physical therapy. She was diagnosed with a low back strain, and sprain of the iliac joint region at the time of the visit. The patient reported completing formal physical therapy, but stated that she saw no significant improvement with physical therapy. During a physical therapy evaluation on XX/XX/XX, the patient had reported pain in the low back. Upon examination, she had increased left rotation and translation at the L4 upon gait evaluation. She had increased pain to palpation at the L3-4 and a positive hamstrings straight leg raise bilaterally with positive sciatic nerve tension bilaterally. Range of motion showed IR at 55 degrees and ER of 60 degrees in the right hip; left hip showed 55 degrees on IR, and 60 degrees on ER. Strength was a 4/5 in the right psoas, 3/5 in the left, 3/5 in the bilateral gluteus maximus, and 4/5 in the right hamstring with 4/5 in the left quad. Sensation was diminished at the right ankle reflex, and on right knee reflex with an absent left knee reflex being noted. The plan was for the patient to attend physical therapy for her low back strain, and sacroiliac region sprain.

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

The requested physical therapy is not supported. The Official Disability Guidelines do support an initial 6 session trial of physical therapy for patients who have functional deficits. It is stated that patient's should be reassessed following a 6 session trial to determine if they are moving in a positive direction, no direction, or negative direction. Overall, 10 sessions over 8 weeks are supported for the patient's documented condition. According to the documentation submitted for review, the patient had already attended physical therapy with no noted improvement. While the patient does have noted deficits, evidence of improvement is needed to support ongoing therapy. Without documentation that the patient had an objective improvement in function as well as a quantitative decrease in pain with prior therapy, additional sessions would not be supported by the evidence based guidelines. Also, further clarification is needed regarding exactly how many physical therapy sessions the patient has completed to date for the low back. Given the above, the request is not supported. As such, the request is non-certified.

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 AHCPH-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)