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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 02/11/2016

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 8 sessions

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 slipped and fell onto her right side. The patient was diagnosed with radiculopathy of the cervical and lumbar region. The clinic note XX/XX/XX indicated the patient reported pain, numbness, and tingling to the right side. The patient was noted to have continued to experience right sided hip pain with tingling in the right upper and lower extremity. The patient was noted to be taking Flexeril and ibuprofen for pain. The physical exam revealed intact muscle strength, sensation, and deep tendon reflexes. There was full range of motion of the neck with pain on the right lateral rotation and lateral bending, and no cervical paraspinal muscle spasm was noted. The MRI of the cervical spine dated XX/XX/XX indicated there was mild degenerative disc disease in the lower cervical spine with disc protrusions at C5-6 and C6-7 with a component of uncovertebral hypertrophy; no evidence of facet arthrosis; mild neural foraminal stenosis and very mild spinal canal stenosis measuring 10 mm at C5-6; and mild spinal canal stenosis measuring 9.5 mm at C6-7. The return visit dated XX/XX/XX indicated physical therapy was ordered for the patient. The return visit dated XX/XX/XX indicated the patient reported increased range of motion with physical therapy. However, physical therapy and treatments tend to increase her symptoms. The electrodiagnostic report dated XX/XX/XX indicated a normal study of the right upper extremity. The return visit dated XX/XX/XX indicated the patient complained of pain in low back and low back spasms with pain radiating down her right lower extremity. Examination of the lower limbs revealed normal strength and reflexes and a straight leg raising sign was negative. The clinic note dated XX/XX/XX indicated there was no significant improvement in the patient's condition. The physical therapy discharge summary dated XX/XX/XX indicated the patient had range of motion of the cervical spine of 25 degrees extension, 30 degrees flexion, 70 degrees left rotation, 53 degrees right rotation, 30 degrees left side bending, and 30 degrees right side bending on XX/XX/XX; and on XX/XX/XX, the patient was noted with extension 35 degrees, flexion 34 degrees, left rotation 74 degrees, right rotation 65 degrees, left side bending 26 degrees, and right side bending 30 degrees. A request was submitted for physical therapy 8 sessions.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions

used to support the decision.

The request of 8 physical therapy sessions was previously denied due to lack of documentation of the efficacy of the sessions, and the body part that previous physical therapy was directed at. The request was also previously denied due to lack of objective functional improvement and the absence of recent physical examination findings. The documentation submitted for review continued to lack documentation of the patient's previous number of physical therapy visits completed, as well as significant functional improvements gained from prior physical therapy. Furthermore, the request submitted still did not specify the location to be treated by physical therapy. In agreement with the previous determinations, the requested physical therapy 8 sessions is not medically necessary. As such, the request remains 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)