

True Resolutions Inc.

Notice of Independent Review Decision

Case Number: 206561

Date of Notice: 4/4/2018 7:43:48 PM CST

True Resolutions Inc.

An Independent Review Organization

1301 E. Debbie Ln. Ste. 102 #624

Mansfield, TX 76063

Phone: (512) 501-3856

Fax: (888) 415-9586

Email: manager@trueresolutionsiro.com

IRO REVIEWER REPORT

Date: 4/4/2018 7:43:48 PM CST

IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Additional 12 sessions of PT

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Orthopaedic Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a XX with history of an occupational claim from XXXX. The initial evaluation from XXXX notes that the patient had a diagnosis of cervical disc disorder with radiculopathy, sprain and ligaments of the thoracic spine were discopathy of the lumbar region as well as cervicgia. Pain was a 9/10 and located in the cervical and lumbar spine. Aggravating factors include prolonged positioning and relieving factors included heat and changing positions patient complains of burning, tingling to the bilateral lower extremity and left arm. The patient has been in pain ever since the work injury. On examination, the patient had moderate restriction to the suboccipitals, severe restriction to the scalene E and levator scapula and moderate restriction to the quadratus lumborum and hamstrings. The patient had -3/5 strength on hip abduction on the left and -4/5 on the right. Hip adduction strength was -3/5 on the left -4/5 on the right. Hip extension strength was +2/5 on the left and -4/5 on the right. Hip flexion strength was +2/5 on the left and -4/5 on the right. Hip external rotation strength and hip internal rotation strength was -3/5 on the left and -4/5 on the right. The patient had decreased grip strength on the left. Range of motion of cervical spine was extension 50°, flexion 38°, active rotation on the left 5° rotation on the right 25°. Lumbar spine range of motion was extension 10° and flexion 25°. There was a positive Spurling's bilaterally.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The Official Disability Guidelines recommend up to 10 visits of physical therapy to the neck and low back for strains/sprains. The documentation indicates that the patient was to receive physical therapy. However, there was no clear evidence of the patient's objective functional improvement or decrease in pain with the previous physical therapy visits. It is unclear how many total number of visits the patient completed and what the patient's objective functional improvement was with the previous physical therapy visits. As such, the request for additional 12 sessions of PT is not medically necessary and the prior determination is upheld.

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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low back, Physical therapy (PT) and Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Neck and Upper Back, Physical therapy (PT)