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An Independent Review Organization

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy Evaluation and 12 sessions 3 X 4 for the neck, low back, right shoulder, and right hip

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 now XXXX-year-old XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as the patient was XXXX. Prior treatment included physical therapy, medication management, and activity modification. The clinical note on XXXX, documented the patient had right wrist, neck, low back, and shoulder pain and rated the pain a 5/10. On physical examination, the patient had right cervical paraspinous musculature trigger points. There was right wrist/arm swelling and tenderness to palpation and tingling in the right arm. The current diagnoses are documented as cervical strain, sprain of the ligaments of the thoracic spine, lumbar spine, muscle spasm of the back, and contusion of the right wrist. The treatment plan included continuation of physical therapy, an MRI of the right hip, medication management, and a follow-up for reevaluation. This request was previously denied given there was a lack of objective functional improvement with prior physical therapy for this patient. This request is for 12 sessions of physical therapy to the neck, low back, right shoulder, and right hip.

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

According to the provided documentation, the patient had right wrist, neck, low back, and shoulder pain and rated the pain a 5/10. It was documented that the patient has had 9 physical therapy sessions to date. On physical examination, the patient has cervical paraspinous trigger points, tenderness to palpation and tingling in the right arm, and swelling of the right wrist and arms. A recommendation was made for continued physical therapy for this patient. However, there was a lack of objective improvement with prior therapy for this patient to support this request for this patient. There were no barriers to the patient completing a home exercise program or any exceptional factors provided for review to support additional therapy for this patient. This request exceeds guideline recommendations for total duration of care. As such, this request is not appropriate for this patient.

Based on the above documentation, the requested Physical Therapy Evaluation and 12 sessions 3 X 4 for the neck, low back, right shoulder, and right hip is not medically necessary and the prior review outcome is upheld.

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

MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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