



**Notice of Independent Review Decision - WC**

**DATE OF REVIEW:** 04/09/15

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Continue Physical Therapy

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

Board Certified in Orthopedic Surgery

**REVIEW OUTCOME**

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)

**Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute:**

- Continue Physical Therapy - Upheld

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Claimant sustained a work related injury on xx/xx/xx, consisting of a low back strain. Claimant has received conservative care which includes physical therapy and MRI diagnostics.

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

Records indicate the claimant has had at least 22 sessions of therapy to date, with Official Disability Guidelines recommending ten visits over five weeks normally for the treatment of lumbar strain/sprain. The current medical information did not provide objective and functional improvement to support the need to deviate further from guideline

recommendations. Therefore, in line with ODG guidelines, insufficient documentation of improvement with physical therapy to date, and insufficient documentation of functional deficits, additional physical therapy is not necessary within ODG guidelines.

**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**