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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X General definitions rule

X Adverse determination notice by X

X Adverse determination after reconsideration by X

X Progress Note X XX by X, MD

X Functional Index X XX

X Plan of Care X XX

X Re-Evaluation/ Re-Examination X XX

X Treatment Notes

X Ambulatory referral to Physical Therapy

MRI X without contrast by X

X Initial Evaluation/Examination

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X who was injured on X when a X. X complained of pain in X and X. X was initially seen X and had x-rays that were negative. X was diagnosed with X and was recommended treatment included X. MRI of X was ordered, and X was started on X. X was subsequently referred to X, where X authorized visits were ordered and completed. On X at follow up visit with Dr. X, X was ambulating

without X. X pain had improved although X was still unable to return to work. Exam revealed X, well preserved X range of motion, X range of motion from X degrees X and X degrees of X, and “reasonable strength”. Recommendation was made for a functional capacity evaluation so claim can be closed and that “X does not require additional medical management”. Additional X X a week for X weeks was requested. This case underwent 2 previous adverse determinations as the requested X was in excess of ODG recommendations.

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

The patient was previously approved for and completed the ODG recommended X visits of X. At last clinic follow up visit, the patient had improved and successfully mobilized off X. The provider stated that the patient did not require additional medical management however still requested additional X. There was no documentation of subjective or objective functional X that would warrant for additional X visits in excess of ODG recommendations. As such, medical necessity has not been established for physical therapy visits to X x12 visits. It is the professional opinion of this reviewer that previous adverse determination is X, and the request is non-certified.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

X (updated X)

Physical medicine treatment

Allow for fading of treatment frequency (from up to X visits per week to X or less), plus active self-directed home X

X; X:

Medical treatment: X visits over X weeks

Post-surgical: X visits over X weeks

X:

Medical treatment: X visits over X weeks
Post-surgical (X): X visits over X weeks