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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Reports from Dr. X, P.A. dated X
DWC-73 forms dated X
Operative report dated X
Referral orders dated X
Physical therapy evaluations dated X
Preauthorization requests dated X
Undated letter from X, P.T.
Notifications of adverse determinations dated X
Letter from the patient dated X

PATIENT CLINICAL HISTORY [SUMMARY]:

Dr. X examined the patient on X. X had been a X and X had been noting for several years X with regard to the X. X had gone to the ER, diagnosed with X, and was given a X. X had been unable to do activities due to this problem. X had not had X studies or X. X had X pain that radiated to the X and were painful. X, and X testing were positive on the X. The assessments were a X. A X was provided at that time. The patient then underwent X on X and the followed-up with X on X. X reviewed problems included X. X was a X and noted a past medical history of X. X was given instructions on X and asked to return in X. The patient was then evaluated in therapy on X, which was recommended X a week for

X. X reexamined the patient on X. X had some X and X described some X. X was X pounds on the X versus X pounds on the X. X wound looked good. X was advised to finish therapy and was released to full duty. On X, the patient returned. X had some X from working and doing a lot of X. Some of X X was starting to improve, but X still had some X with motion of the. X was pending renewal of X therapy at that time. X X, and X were negative.

A X was prescribed and additional therapy three times a week for three weeks was recommended. The patient was reevaluated in therapy on X. X and grip strength was X pounds on the X versus X pounds on the X. X degrees and X degrees. X had a flare-up of X X pain that led to significant X. Additional therapy three times a week for three weeks was recommended. Therapist X addressed an undated letter, noting the patient continued to demonstrate significant X secondary to X X pain and X. Additional therapy was recommended at that time. X provided a notice of adverse determination on X for the requested physical therapy for the X. An appeal request was then submitted on X and X followed-up with the patient on X. X was working X despite X pain and it was noted here X was only given a X worth of therapy and X believed a little bit more would help X. X did X, including X. X was prescribed for X X pain and therapy was again strongly recommended. On X, another adverse determination was submitted for the requested physical therapy for the X. The patient addressed a letter on X, which was reviewed. Dr. X examined the patient on X. X reported a lot of X, but X was having X to doing X normal X. X was unable to hold a X due to the weakness in X. X pounds on the X pounds on the X. X were prescribed at that time and a X program was recommended followed by a possible X program. X was released to full duty and asked to return in X weeks.

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

The patient is a X-year-old X who X by Dr. X on X. The patient's date of injury was reported as X. The patient was released to return to work at full duty on X by X. It is unclear how many visits of therapy have been completed postoperatively based upon medical records reviewed at this time. The therapy note of X noted eight prior visits. The additional X therapy was requested for continuing symptoms of reported X. The request was denied on initial review by X, M.D. on X. X non-certification was upheld on appeal/reconsideration by X, M.D. Both reviewers attempted peer-to-peer without success and based their opinions on the evidence-based Official Disability Guidelines (ODG). The ODG, post surgical treatment, open or X, for physical medicine treatment notes that it is not recommended, but three to eight visits over three to five weeks for unusual levels of pain or stiffness could be appropriate. There is only limited evidence demonstrating any effectiveness of physical or occupational therapy for X, but there may be justification for one presurgical visit for education and a home management program, but rarely following surgery. X should not result in extended time off work while attending multiple therapy visits when other options, including surgery, can result in faster return to work. X is an effective operation that also does not require extended or multiple therapy visits during recovery, although failed surgery and/or misdiagnosis (e.g. X) may benefit (Feuerstein 1999) (O'Connor-Cochran 2003) (Verhagen-Cochran 2004) (Apta 2006) (Bilic 2006). Post surgery, a home physical therapy program is superior to extended X (Cook 1995). A randomized controlled trial concluded that there was no benefit from a two-week course of X therapy following X with costs of supervised therapy for uncomplicated X being unjustified (Pomerance 2007). Limited therapy should include home program education, work

discussion, and suggestions for modifications, lifestyle changes, and setting realistic expectations. Passive modalities such as X should be minimized in favor of active treatments. A Cochran systematic review of rehabilitation following X release involving 22 trials and 1521 patients concluded that there was limited low-quality evidence to support any therapy or specific interventions following surgery (Peters 2016). The patient is now almost four months status post X and has recently been diagnosed with type X. There is no information in the records reviewed about the relationship of X current symptoms and X X. In addition, the evidence based ODG does not generally recommend therapy after X as discussed above. It is noted, at most, that they initially recommend a six visit trial, which the current request exceeds, as noted above. Therefore, the requested physical therapy for the X three times a week for three weeks is not medically necessary, reasonable, or supported by the evidence based ODG and the previous adverse determinations should be upheld at this time.

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

AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)