



PROFESSIONAL ASSOCIATES

DATE OF REVIEW: 04/18/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy three times a week for six weeks for the back to include CPT codes 97110, 97140, 97530, 97112, and 97535

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An emergency room evaluation with D.O. dated 06/20/06
X-rays of the right knee interpreted by M.D. dated 06/20/06
An evaluation with M.D. dated 06/21/06
A physical therapy evaluation with an unknown therapist (no name or signature was available) dated 06/23/06

Evaluations with M.D. dated 06/28/06, 09/13/06, 10/02/06, and 11/06/06
An MRI of the right knee interpreted by M.D. dated 07/06/06
Evaluations with P.A.-C. for Dr. dated 07/07/06, 07/25/06, and 01/30/07
Evaluations with M.D. dated 07/20/06, 10/27/06, and 02/08/07
X-rays of the chest interpreted by M.D. dated 07/24/06
An EMG/NCV study interpreted by M.D. dated 07/31/06
An operative report from Dr. dated 07/31/06
An evaluation with P.A.-C. for Dr. dated 08/09/06
Physical therapy evaluations with an unknown therapist (the signature was illegible) dated 08/16/06, 10/12/06, 10/18/06, and 03/01/07
Physical therapy with the unknown provider dated 08/16/06, 08/23/06, 08/24/06, 08/28/06, 09/01/06, 09/05/06, 09/08/06, 10/12/06, 10/18/06, 10/19/06, 10/24/06, 10/26/06, 10/27/06, 10/30/06, and 03/01/07
Notices of medical necessity from dated 08/18/06 and 10/16/06
Physical therapy with P.T. dated 09/05/06
A DWC-73 form from Dr. dated 11/07/06
An impairment rating evaluation with M.D. dated 11/14/06
A Designated Doctor Evaluation with D.O. dated 11/28/06
A range of motion worksheet from Dr. dated 11/30/06
A letter from Claims Service Officer at TDI, dated 02/21/07
Evaluations with M.D. dated 02/23/07, 03/09/07, and 03/23/07
A letter of clarification from Dr. dated 02/28/07
A letter of non-certification from M.D. at dated 03/07/07
A letter of non-certification from M.D. dated 03/21/07

PATIENT CLINICAL HISTORY [SUMMARY]:

Dr. provided the patient with a knee immobilizer and crutches. X-rays of the right knee interpreted by Dr. on 06/20/06 revealed a suspected small effusion only. On 06/21/06, Dr. recommended Naprosyn. On 06/28/06, Dr. refilled Vicodin and Naprosyn and recommended an MRI of the knee. The MRI of the knee interpreted by Dr. on 07/06/06 revealed a tear in the lateral meniscus and joint effusion. On 07/07/06 and 07/25/06, Ms. recommended surgery. An EMG/NCV study interpreted by Dr. on 07/31/06 revealed chronic bilateral L5 radiculopathy. Dr. performed right knee surgery on 07/31/06. Physical therapy was performed with the unknown therapist from 08/16/06 through 03/01/07 for a total of 15 sessions. On 09/13/06, Dr. felt the patient was at Maximum Medical Improvement (MMI). On 10/02/06, Dr. performed a right knee injection and recommended further physical therapy. On 11/06/06, Dr. again felt the patient was at MMI. On 11/14/06, Dr. provided a 4% whole person impairment rating. On 11/28/06, Dr. felt the patient was at MMI as of 11/14/06 with a 4% whole person impairment rating. Ms. performed a right knee injection on 01/30/07. Dr. requested lumbar epidural steroid injections (ESIs) on 02/08/07. On 02/23/07, Dr. recommended Vicodin, physical therapy, and a lumbar ESI. On 03/07/07, Dr. wrote a letter of non-

certification for physical therapy. On 03/09/07 and 03/23/07, Dr. prescribed Voltaren and Skelaxin and ordered an MRI of the right knee. On 03/21/07, Dr. also wrote a letter of non-certification for physical therapy.

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

It was noted within the records reviewed that the patient had a right knee injury that subsequently required surgery, injections, and therapy. The low back, based on a report dated 02/23/07 from Dr. had originally been denied as part of the compensable injury, but had recently been approved as part of the compensable injury. The physical therapy requested appear to be solely for the back, which apparently the patient has had no therapy to date for her back symptoms. The patient is deconditioned. Therefore, the physical therapy at three times a week for six weeks for the back for strengthening and conditioning would appear reasonable and necessary.

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 AND KNOWLEDGE BASE
- 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)

North American Spine Society *Guidelines for Lumbar Pain*