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DATE OF REVIEW: April 23, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 visits. 97002 – physical therapy re-evaluation; 97012 – traction, mechanical; 97035 – ultrasound, each 15 minutes; 97113 – aquatic therapy with therapeutic exercises; 97530 – therapeutic exercises.

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

Diplomate, American Board of Orthopaedic 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier include:

- M.D., 01/22/07, 01/27/07
- M.D., 01/24/07, 01/31/07, 02/21/07, 02/28/07, 03/21/07
- L.P.T., 02/08/07, 02/14/07, 02/15/07, 02/21/07, 03/07/07
- P.T., 02/22/07, 03/06/07
- M.D., 03/20/07

Medical records from the Provider include:

- Health Information Corp., 04/16/07
- M.D., 01/22/07, 01/27/07
- M.D., 01/24/07, 01/31/07, 02/21/07, 02/28/07, 03/21/07
- L.P.T., 02/08/07, 02/14/07, 02/15/07, 02/21/07, 03/07/07
- P.T., 02/22/07, 03/06/07
- M.D., 03/20/07

PATIENT CLINICAL HISTORY:

Initial medical contact in this case is from and for this female. The work injury in question is described as occurring when she was standing next to a large three-tub sink and caught her foot on a floor mat causing a twisting injury to her body and lower extremities, and twisting her knee resulting in pain and swelling. She also stated that she twisted her lower back. There was no prior history of knee complaints or back pain. Past medical history noted her to have high blood pressure and to be diabetic. Physical examination was limited to three lines noting, "Slight crepitus and tenderness in association with range of motion of the knee and slight effusion." Paraspinal muscle spasms were described with hyperreflexia of the right knee.

Diagnostic studies included MRI of the right knee with a small meniscus tear by M.D., date of evaluation January 22, 2007.

Radiology report of an MRI lumbar spine, again by Dr. is dated January 27, 2007, noting pre-existing multilevel degenerative spondylosis, in association with a moderate central "extrusion" at L5-S1 that touches the anterior thecal sac in association with another broad left subarticular protrusion at L4-5 creating moderate to severe canal stenosis and left foraminal narrowing at that level. Pre-existing bilateral facet arthritis is present at L4-5 as well as L5-S1.

A follow up note from and is dated January 31, 2007, with M.D. Physical examination notes back pain and some radiation into the extremities, but no specific physical findings are described with the exception of "hyperreflexia" on the right. There is a subsequent request for EMG lower extremities.

Date of evaluation, February 8, 2007, and, again continuing back, lower extremity, and knee complaints. Physical examination findings noted a limp on the right lower extremity, negative motor deficits both lower extremities, decrease in range of motion of the right knee and also the left knee as well, and pain radiating lower extremities from the lower back. "Therapeutic exercises" were recommended as well as aquatic therapy.

Subsequent visits include February 14, 2007, February 15, 2007, February 21, 2007, and February 22, 2007, with physical therapy notes.

On February 28, 2007, Dr. states at times the patient has moderate pain in the back, but his notes describe improvement and return to regular work.

Physical therapy notes of March 6, 2007 and March 7, 2007 describe strengthening and aerobic exercises, as well as modalities.

Neurodiagnostic studies of March 20, 2007, from M.D., note, "Suggests an acute right L5 radiculopathy" – the disc protrusion at L4-5 extends to the left."

Diagnosis and opinion after review of records:

1. *Twisting injury lumbar spine and right knee while working, – improved.*
2. *MRI evidence of torn posterior horn medial meniscus, as well as pre-existing multiple level spondylosis and degenerative change lumbar spine, in association with a lumbar disc protrusion L4-5 extending left.*
3. *Neurodiagnostic studies indicating possible acute L5 radiculopathy right lower extremity that does not correlate with that MRI study.*

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

I agree with the denial of the request for further physical therapy consisting primary of modalities in this case. The description of the requested services consists of mechanical traction, ultrasound, aquatic therapy, as well as therapeutic exercises.

ODG Guidelines state that four to six weeks of manual (chiropractic perhaps), as well as physical conditioning and aerobic exercise are standard of care and helpful in the treatment of those individuals with spinal injuries and complaints. Beyond that, home exercise is standard of care for this type of problem. The records reflect multiple visits having been provided including physical exercise and conditioning in this case.

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, OUTCOMEFOCUSED GUIDELINES (PROVIDE A DESCRIPTION)