

MATUTECH, INC.

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ATE OF REVIEW: AUGUST 2, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy to include 16 visits (97110 – therapeutic exercises x 3 units; 97140 – manual therapy x 2 units; G0283 – electrical stimulation, unattended; and 97035 ultrasound)

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

The physician providing this review is a Doctor of Chiropractic. The reviewer is certified by the National Board of Chiropractic Examiners. The reviewer has been in active practice for 22 years.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Documentation does not support the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Texas Department of Insurance
Utilization reviews (07/03/07 – 07/12/07)

Claims
Office notes (xx/xx/xx – 06/18/07)
Utilization review (07/16/07)
FCE (05/15/07)
Chiropractic therapy (xx/xx/xx – 06/28/07)
Pre-authorization requests (xx/xx/xx – 07/16/07)
Operative note (04/05/07 – 05/24/07)
Diagnostics (01/15/07 – 06/15/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

This female slipped while waxing floors and injured her back and left wrist. Following the injury, M.D., treated the patient with Flexeril, Naprosyn, and Vicodin ES and placed her off work. D.C., noted low back pain radiating into her

right hip and buttock with spasms on the right. From October through December, the patient attended 12 sessions of chiropractic therapy consisting of electrical stimulation, ultrasound, intersegmental traction, and spinal adjustments.

In January 2007, electrodiagnostic studies revealed reduction in right tibial motor nerve conduction velocity and right peroneal F-wave and borderline delay in the right S1 dermatomal evoked response (possible radiculopathy). Magnetic resonance imaging (MRI) revealed: (a) L4-L5 and L5-S1: Mild degenerative discopathy; (b) L4-L5: Circumferential broad annular bulge with a large central annular tear, mild ligamentum flavum enfolding, mild central canal and non-compressive biforaminal stenosis, and annular bulge abutting the traversing bilateral L5 nerve roots; (c) L5-S1: A shallow annular bulge with a right foraminal annular tear causing mild non-compressive biforaminal stenosis.

From February through June, the patient received 13 sessions of chiropractic manipulations. In the interim, M.D., noted that the conservative measures and chiropractic manipulations had failed to cure the patient. She still had symptoms of right lumbar radiculitis, positive straight leg raise (SLR) test on the right, and significant amount of pain stemming from the posterior elements of the lumbosacral spine. Dr. diagnosed acute lumbar strain and right lumbar radiculopathy. He administered right L4-L5 epidural steroid injections x2 (ESI). Dr. referred her to a hand specialist for locking symptoms of the left middle finger and distal forearm swelling. In a functional capacity evaluation (FCE), the patient exhibited decreased range of motion (ROM) and abnormal biomechanics of the lumbar spine and weakness in the major muscle groups. She failed to demonstrate the ability to lift and exhibited decreased tolerance to functional activity. She was aerobically deconditioned. The evaluator recommended participating in an active rehabilitation program. Electromyography/nerve conduction velocity (EMG/NCV) studies were suggestive of right L4-L5 radiculopathy with mild active denervation. D.C., recommended physical therapy (PT) three times a week for four weeks followed by two times a week for two weeks with modalities including manual therapy, electrical stimulation, ultrasound, and therapeutic exercises for strengthening and stabilization.

On July 3, 2007, this request was denied by the carrier as a patient had been previously evaluated and treated with supervised PT over eight months ago and the request exceeded the ODG guidelines. An appeal was also denied on July 12, 2007. The treating doctor stated that the 16 sessions of PT was recommended for post injection therapy. The rationale for denial was as follows: *Given the patient was seven weeks status post injections and was nine months status post incident, a home exercise program was recommended per ODG.*

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

IN THIS CASE, THE CLAIMANT SLIPPED AND FELL CAUSING INTRA-ARTICULAR JAMMING AS WELL AS PRODUCING CONTUSION TO THE SURROUNDING TISSUE. THESE TYPES OF INJURIES ARE ASSOCIATED WITH VARYING DEGREES OF SOFT TISSUE TRAUMA AND EARLY INTERVENTION IS DESIRABLE TO PREVENT CHRONIC DISORDERS.

RAPID RETURN TO LIGHT AND MODIFIED ACTIVITIES IS THOUGHT TO YIELD THE BEST RESULTS. CHIROPRACTIC TREATMENT SHOULD NOT EXCEED 4 MONTHS. BASED ON THE ODG WEB-BASED GUIDELINES, CONSERVATIVE CHIROPRACTIC MANIPULATIVE THERAPY WOULD BE REASONABLE IN 90% OF THE CASES WHERE SPONTANEOUS IMPROVEMENT IS EXPECTED AND MANIPULATIVE THERAPY WOULD FACILITATE FUNCTIONAL RESTORATION AND RETURN THE CLAIMANT TO WORK WITHIN 3 MONTHS DURATION. THIS CONSERVATIVE METHOD OF CARE IS REASONABLE WITH THE TISSUE HEALING PHASE AND WOULD LAST NO MORE THAN 6 MONTHS FROM THE TIME OF INJURY THAT OCCURRED ON XX/XX/XX. IN THIS CASE, THE CONSERVATIVE APPROACH FAILED TO RESOLVE THE CONDITION SO MORE INVASIVE TECHNIQUES WERE UTILIZED. A REMARKABLE DURATION OF MODALITIES WAS PROVIDED IN THIS CASE. AT THIS DURATION, THE CLAIMANT SHOULD HAVE BEEN INDEPENDENT IN HOME BASED EXERCISE PROTOCOLS AND WOULD NOT REQUIRE SUPERVISED ONE-ON-ONE PHYSICAL THERAPY. THEREFORE, THE REQUIREMENT FOR MORE MODALITIES (97140, G0283, AND 97035) AND 97110 IS NOT ESTABLISHED.

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**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**