



DATE OF REVIEW: 12/27/07

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the medical necessity for the previously denied request for physical therapy sessions on 11/28/07 and 12/11/07 for three times per week for five weeks (15 sessions), with CPT codes of 97110 – Therapeutic exercises, 97530 – therapeutic activities, 97140 – manual therapy, 97112 – neuromuscular re-education and 97035 – ultrasound.

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

Texas licensed Chiropractor.

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)

The previously denied request for request for physical therapy sessions on 11/28/07 and 12/11/07 for three times per week for five weeks (15 sessions), with CPT codes of 97110 – Therapeutic exercises, 97530 – therapeutic activities, 97140 – manual therapy, 97112 – neuromuscular re-education and 97035 – ultrasound.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- **Confirmation of Receipt of a Request for a Review by an Independent Review Organization dated 12/12/07.**
- **Request for a Review by an Independent Review Organization dated 12/11/07.**
- **Fax Cover Sheet Comments dated 12/11/07, 11/21/07, 12/3/07.**
- **Authorization Request Physical Therapy dated 12/3/07, 11/28/07.**
- **Nurses Notes dated 11/28/07.**

- **Notice to Inc. of Case Assignment dated 12/13/07.**
- **Patient's Notes dated 11/7/07.**
- **Sent Fax Details dated 12/13/07.**

NO Guidelines were provided by the URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

Age: xx years

Gender: Female

Date of Injury: xx/xx/xx

Mechanism of Injury: Fall from a 4-foot ladder, while pulling patient charts of the top shelf, striking her head and body on the ground.

Diagnosis: Cervical radiculopathy to the right, lumbosacral disc displacement, thoracic spine sprain and cervical, thoracic, and lumbosacral spine pain, spasms and weakness.

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

This is a xx-year old female who sustained a work related injury on xx/xx/xx. While she was working as a , she was on a four-foot ladder pulling patient charts off the top shelf when she fell backwards, striking her head and body on the ground. The provided diagnoses included cervical radiculopathy to the right, lumbosacral disc displacement, thoracic spine sprain and cervical, thoracic, and lumbosacral spine pain, spasms and weakness. The claimant first presented initially to xxxx Hospital emergency room, where she received medications, and X-rays and was told to follow-up with her healthcare provider. The claimant had presented on 9/4/07, for chiropractic provider driven care with, DC, and assisting, DC. The report was dated 11/7/07 and indicated that the claimant denied any previous injury or complaints regarding her current work related injury areas. There were decreased ranges of motion in the cervical and lumbar spine areas with some evidence of “intensification/amplification of perceived reproducible symptomatology” during the orthopedic testing. There are claimed mild alterations in the right upper and lower extremities with regard to deep tendon reflexes and disruption of dermatomes when compared to the left side. The report further indicated that on 11/7/07, there were improvements with regard to orthopedic testing in the low back and neck areas; however, they were still positive and the diagnoses were unchanged. The tests which are indicated as improved, were cervical bilateral/lateral compression test, bilateral maximal foraminal encroachment test, cervical distraction test, straight leg raise (SLR) on the right at 53 degrees, right side Braggard's, left side straight leg raise at 58 degrees with positive leg lowering test and right greater than left side Kemp's test. The 11/28/07 denial notification letter from regarding additional rehabilitation visits indicated that to date, the claimant had received a minimum of fourteen (14) previous rehabilitation visits for the neck and back, which would exceed the number recommended by the Official Disability Guidelines (ODG), Treatment index, 5th Edition. The second denial notification letter was dated 12/3/07, for the same requested 15 additional physical therapy visits. This review indicated that the claimant had completed “8 PT sessions” to date and “14 rehab sessions” to date. The current request is to determine the medical necessity for dispute resolution regarding the previously denied physical therapy sessions on 11/28/07 and

12/11/07 for three times per week for five weeks (15 sessions) with CPT codes of 97110-therapeutic exercises, 97530-therapeutic activities, 97140-manual therapy, 97112-neuromuscular reeducation and 97035-ultrasound. The medical necessity for this request was not established within the provided information. Reference to the ODG, Treatment Index, 5th Edition, web based version, regarding physical therapy recommendations for the neck and the low back with the diagnoses of sprain strain as well as intervertebral disk (IVD) displacement without myelopathy would not support this additional request for more PT. The reference indicates only up to 10 visits of physical therapy over 8 weeks. The claimant had already completed at least 8 previous physical therapy sessions and at least 14 previous physical therapy/rehabilitation sessions with continued reported subjective complaints and objective findings. The request for more physical therapy for three times per week for five weeks (15 sessions) with CPT codes of 97110-therapeutic exercises, 97530-therapeutic activities, 97140-manual therapy, 97112-neuromuscular reeducation and 97035-ultrasound, would therefore, exceed the recommended number of physical therapy visits for the presenting complaints and diagnoses. There is no indication that this claimant is currently a surgical candidate, received surgical interventions, has progressive worsening, has re-injury or new injury or that she has attempted at a return to work with modifications to date. The claimant should be able to perform home exercises by this time period or referred for other treatment options that might bring about curative effects, long term relief or symptom resolution.

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.

ODG, Treatment index, 5th edition, web based version regarding physical therapy recommendations for the neck and the low back sprain strain and IVD displacement without myelopathy. <http://www.odg-twc.com/odgtwc/neck.htm#Physicaltherapy>
http://www.odg-twc.com/odgtwc/low_back.htm#Physicaltherapy

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
 - TEXAS GUIDELINES FOR CHRIOPRACTIC QUALITY ASSURANCE AND 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).
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