

IRO REVIEWER REPORT – WCN

DATE OF REVIEW: 2-15-2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy (PT) 3 times a week/4 weeks for lumbar stabilization, left extremity flexibility and strengthening. Myofascial release to lower back secondary to further surgery on 11/14/06. PT codes: 97010, 97014, 97110, and 97113

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

Lumetra's Physician Reviewer, Board certified in 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)

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.

<i>Service Being Denied</i>	<i>Type of Review</i>	<i>Date of Injury</i>	<i>Units</i>	<i>DWC Claim#</i>	<i>Upheld Overturn</i>
97010	preauth		12		Upheld
97014	preauth		12		Upheld
97110	preauth		12		Upheld
97113	preauth		12		Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 1) Request for a Review by an Independent Review Organization dated 1-22-2007
- 2) Notice of Assignment of Independent Review Organization dated 1-26-2007
- 3) Confirmation of Receipt of a Request for a Review by an Independent Review Organization dated 1-25-2006
- 4) Physician Advisor Review Summary dated 1-19-2007
- 5) Medical Records – 7-7-2006 to 1-15-2007
- 6) Health Plan letters dated 7-25-2006, 8-4-2006 and 9-27-2006

PATIENT CLINICAL HISTORY [SUMMARY]:

Date of injury:

Surgeries:

2005 Left Rotator Cuff
Bilateral Total Knee Arthroplasties
6-2-2006 L5-S1 spine fusion
7-17-2006 First visit to Physical Therapy
10-9-2006 Discharge Status from PT: after 34 visits: "Patient is independent with exercises and home exercise program (HEP). No further therapy indicated. Patient returned to a functional level and/or has reached maximal therapeutic potential.
11-14-2006 Removal hardware spine L5-S1
1-2007 PT Notes:
Medications: Oxycontin, Neurontin, Pain patch
Work status: Not working
Right lumbar pain sitting-decrease pain walking-no longer complaining of shooting pain down left lower extremity. Sensation decrease distal left lower extremity from knee.
Plan: Hot cold packs – pool-electrical stimulation-therapeutic exercises-HEP

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

The Reviewer found no medical requests for physical therapy after the 11-14-2006-hardware removal procedure to 1-9-2007. It is unclear if the patient was doing his home exercises diligently. The Discharge Status Report by PT on 10-7-2006 confirms that this patient was at a functional ADL level with his HEP. That being the case, HEP should be reinforced before request for additional PT.

IRO REVIEWER REPORT TEMPLATE – WCN

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 KNOWLEDGBASE
- 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)**