

MATUTECH, INC.

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DATE OF REVIEW: JUNE 27, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PT lumbar

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

The reviewer is board certified. The reviewer is a member of American Academy. The reviewer has been in active practice.

REVIEW OUTCOME

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

Upheld (Agree)

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:

Attorneys:

Utilization reviews (05/08/07 & 05/17/07)
ODG for lumbar and thoracic spine (undated)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured on xx/xx/xx. He was diagnosed with lumbar stenosis. Exact nature of injury is not available.

On May 8, 2007, M.D., denied the request for physical therapy (PT) for the lumbar spine (the services were requested by, M.D.) Rationale for denial: A PT evaluation was performed on May 3, 2007, in which the patient had complained of mild-to-moderate pain after activity. He was unable to perform work activities due to restriction in movement and limited range of motion (ROM) secondary to pain. Pain in the low back radiated to the right lower leg. Flexion and extension was 4/5. The patient completed unknown number of PT sessions. He had completed two months of chiropractic treatment. The reports of the diagnostics were not provided for review and nor there were notes from the previous treatment. The request was not accompanied by a detailed note from the current doctor's ODG low back chapter used as reference. So the request of PT for the lumbar spine was not authorized.

On May 17, 2007, M.D., denied the request for reconsideration of PT. Rationale: *The patient was diagnosed with lumbar stenosis. He had attended one to two months of chiropractic therapy which would have included a well-structured self-directed home exercise/conditioning/ADL program. An April 27, 2007, report showed that the patient had pain only periodically and the exam had showed no tenderness anywhere.* There were no unusual circumstances reported that indicated the necessity for 12 sessions of PT. So the request for PT was non-authorized.

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

Based on the records and ODG therapy has already met or exceeded recommended. Unfortunately despite efforts to obtain medical records supporting the necessity for additional information from the treating physician none were received. Therefore, there is no medical evidence to support extending therapy beyond those recommended based on the diagnosis, ODG and the records received.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES