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DATE OF REVIEW: JUNE 19, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy to cervical area consisting of electrical stimulation (97032), Therapeutic activities (97530), massage (97124)

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

Board certified in Occupational Medicine, licensed in the State of Texas, and DWC ADL approved.

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)

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Physical therapy to cervial area consisting of electrical stimulation therapeutic activities, and massage	97032, 97530, 97124	Upon approval	Adverse determination upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Record Description	Record Date
Preauthorization approval for PT	01/29/07
Office Visit –MD	02/07/07
Office Visit –MD	04/26/07
Preauthorization request for PT –MD	04/26/07
Preauthorization approval for PT –	05/10/07
Preauthorization denial for PT –	05/11/07
Request for reconsideration for PT –MD	05/14/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient had 22 visits to PT authorized of the neck and back. Notes of Dr. of 2/7/07 indicate that the patient has ongoing complaints of LBP and neck pain. On exam, the patient had reduced ROM and tenderness to palpation. MRI scans of the cervical and lumbar areas revealed degenerative changes without acute or treatable spinal pathology. On follow-up of 4/26/07 the patient had ongoing complaints of neck and low back pain. Now the patient also complains of leg/hip pain. Patient working regular duty as of 2/10/07. There was approval of 12 visits to PT for the left hip although, interestingly, the diagnosis code provided on this approval is 847.2 lumbar strain. There was a denial of 12 visits to PT for the lumbar area, date of receipt of request for services 5/8/07.

Reviewing physician gives a succinct and logical rationale for the denial of additional PT for the lumbar area. On 5/14/07, there was a request for reconsideration and it noted the patient had not received PT.

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

The determination remains adverse. The patient was given diagnoses of strain/sprain. Although, apparently, the patient has ongoing complaints of pain, he has no functional deficits of significance and has been working regular duty as of 2-10-07.

Any strain/sprain would have resolved by now simply with the passage of time regardless of whether or not the patient actually participated in any of the 22 approved visits to rehab.

Formal physical therapy in June 2007 for diagnoses of strain/sprain that occurred especially since the patient has been working regular duty since 2/10/07 are not medically necessary since any strain/sprain would have resolved by now simply with the passage of time. There is no presence of other underlying occupational pathology that would warrant formal rehab at this time.

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

ODG. Physical Therapy Guidelines:
Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT 10 visits over 8 weeks. For 847.0, 847.2, 722.0, 722.1

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: the Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 05/01/2007.