

**DATE OF REVIEW: 3/9/07**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Continued physical therapy 3 times per week for 4 weeks.

<i>Primary Diag Code</i>	<i>Service Being Denied</i>	<i>Billing Mod</i>	<i>Type Review</i>	<i>Units</i>	<i>DOS</i>	<i>Amt Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Uphold/ Overturned</i>
724.3	97110		prospective			N/A			Uphold
724.3	97112		prospective						Uphold
724.3	97140		prospective						Uphold
724.3	G0283		prospective						Uphold

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

This case was reviewed by a practicing chiropractor on the external review panel who is familiar with the condition and treatment options at issue in this appeal.

**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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Determination Noticed – 12/20/06, 1/3/07
2. Record and Correspondence – 11/29/06-12/26/06
3. Record and Correspondence from Open MRI – 11/27/06
4. Record and Correspondence from MR – 12/15/06

## **PATIENT CLINICAL HISTORY:**

This case concerns an adult male who sustained a work related injury on. Records indicate that while working for a freightliner, he was moving when he slipped on oil left on the floor. He indicated he did not fall but that he experienced low back and right hip pain down into the right extremity. Diagnoses have included lumbar disc disease, sciatic neuritis, and lumbar radiculopathy. Evaluation and treatment for this injury has included an MRI, nerve conduction studies and physical therapy.

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

In regards to the requested neuromuscular reeducation service (CPT 97112), there was nothing in either the diagnosis or the physical examination findings on this patient that demonstrated the type of neuropathology that would necessitate the application of this service. According to a Policy Bulletin, "This therapeutic procedure is provided to improve balance, coordination, kinesthetic sense, posture, motor skill, and proprioception. Neuromuscular reeducation may be reasonable and necessary for impairments that affect the body's neuromuscular system (e.g., poor static or dynamic sitting/standing balance, loss of gross and fine motor coordination, hypo/hypertonicity). The documentation in the medical records must clearly identify the need for these treatments." In this case, the documentation made no such references. The performance of CPT 97112 is unsupported as medically necessary.

According to CPT definitions, "manual therapy technique" (CPT 97140) is reported whenever any one of several different services are performed by the health care provider, including manual traction, joint mobilization or myofascial release. Therefore, since this is a broad-spectrum code, the responsibility lies on the health care provider, through records, to communicate exactly which of these services has been (or, as in this case, will be) performed. However, the medical records in this case were devoid of any mention of which of these services were already performed, or what the patient response was to the services, to be able to support the medical necessity of 12 more sessions.

With respect to the remaining requested services, therapeutic exercises (CPT 97110) and unattended electrical stimulation (G0283), the medical records submitted indicated that these treatments failed to produce any objective or subjective improvement in the patient. Specifically, the treating doctor's narrative notes from dates of service revealed that the patient was the same without improvement with this applied treatment plan. The Guidelines for Chiropractic Quality Assurance and Practice Parameters, Chapter 8 under "Failure to Meet Treatment/Care Objectives" states that, "After a maximum of two trial therapy series of manual procedures lasting up to two weeks each (four weeks total) without significant documented improvement, manual procedures may no longer be appropriate and alternative care should be considered."

**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
- 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)

HGSA Medicare Medical Policy Bulletin, Physical Therapy Rehabilitation Services, original policy effective date 04/01/1993 (Y-1B).

CPT 2004: Physician's Current Procedural Terminology, Fourth Edition, Revised. (American Medical Association, Chicago, IL 1999).

Haldeman S, Chapman-Smith D, Petersen D. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen Publishers, Inc.