



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: May 17, 2007

IRO Case #:

Description of the services in dispute:

Denied for medical necessity: Items in dispute CPT #97110, #97530, Physical therapy cervical.

A description of the qualifications for each physician or other health care provider who reviewed the decision:

This review was provided by a Doctor of Chiropractic who is also a member of the American Chiropractic Academy of Neurology. This reviewer also holds a certification in Acupuncture. This reviewer has fulfilled both academic and clinical appointments and currently serves as an assistant professor at a state college, is in private practice and is a director of chiropractic services. This reviewer has previously served as a director, dean, instructor, assistant professor, and teaching assistant at a state college and was responsible for course studies consisting of pediatric and geriatric diagnosis, palpation, adjusting, physical therapy, case management, and chiropractic principles. This reviewer is responsible for multiple postgraduate seminars on various topics relating to chiropractics and has authored numerous publications. This reviewer has participated in numerous related professional activities including work groups, committees, consulting, national healthcare advisory committees, seminars, National Chiropractic Coalition, media appearances, and industrial consulting. This reviewer has been in practice since 1986.

Review Outcome:

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

Upheld.

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.

Physical therapy (CPT #97110 and #97530) is not medically necessary.

Information provided to the IRO for review:

Records From The State:

- 1 page Confirmation of Receipt of Request for a Review by an IRO dated 5/1/07
- 7 page Company Request for IRO
- 4 page report dated 3/29/07
- 3 page report dated 4/20/07

Records From:

- 2 page report dated 5/2/07
- 1 page letter MD dated 1/3/07
- 6 page report MD dated 1/3/07
- 1 page report from MD dated 1/23/07
- 1 page cervical x-ray report dated 2/20/07
- 1 page Report of Medical Evaluation MD dated 2/20/07
- 11 page designated doctor evaluation from MD dated 2/20/07

Patient clinical history [summary]:

The patient in this case was injured on the job when he stepped on a loose board, causing it to flip up and hit him in the face, breaking his nose, and hyperextending his neck. The nasal fracture was subsequently repaired surgically.

The claimant underwent an independent medical evaluation with MD on 1/3/07 and Dr. indicated the patient may have sustained a mild cervical strain as a result of his injury. He did not believe that any further treatment related to the knees, shoulders, or neck was indicated in this case.

The patient was discharged on 1/23/07. The patient underwent another designated doctor evaluation with MD on 2/20/07 and he was certified at maximum medical improvement (MMI) with 5% permanent impairment. The patient was diagnosed with a cervical strain/sprain. Although the patient complained of neck pain rated at 7/10, the examination was unremarkable, as no muscle spasms were noted, orthopedic testing was negative, the neurological exam was negative, and cervical ranges of motion were reduced and painless.

Radiographs taken by the chiropractor on 2/20/07 of the patient's cervical region were unremarkable.

The documentation indicated that the chiropractor had been treating the patient with 20 sessions of PT that was followed by a 21-session work-conditioning program in October and November of 2006. The review chiropractor spoke with Dr. on 3/29/07 and he stated that the patient had already had 10 active PT sessions for his neck from 2/20/07 through 3/13/07 and he needed more because he was still having problems.

A preauthorization request was submitted by Dr. for 12 additional visits for PT 3 x 4 to consist of #97530 and #97110 on 3/29/07. The request was denied. A second request was submitted on 4/12/07 for the same services and was denied by DC. The patient filed a dispute with the Division of Workers' Compensation and the matter was submitted for IRO review.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:

The requested physical therapy services (#97110 and #97530: 3 times per week for 4 weeks) are not medically necessary. The patient may have sustained a mild cervical strain injury as a result of his XX/XX/XX compensable injury. According to records reviewed, the chiropractor had been treating the patient with 20 sessions of PT that was followed by a 21-session work conditioning program in October and November of 2006. The review chiropractor (DC) spoke with Dr. on 3/29/07 and he stated that the patient had already had 10 active PT sessions for his neck from 2/20/07 through 3/13/07 and he needed more because he was still having problems.

Two designated doctor evaluations (1/3/07 evaluation by Dr.) and the 2/20/07 examination by Dr., found no indication that any further care was indicated for the cervical region, which was the basis for the request from the chiropractor for additional PT services.

According to the ODG Guidelines, spinal sprain/strain injuries require no more than 9 physical therapy visits over a course of up to 8 weeks. MedRisk indicates that patients with nonsurgical conditions related to the cervical region are successfully managed with up to 12 visits over the course of six weeks for noncomplicated conditions and with 16 visits over 8 weeks for more complicated conditions (Expert Clinical Benchmarks: "Cervical/Thoracic", King of Prussia, PA, MedRisk, Inc. 2004)

The records reviewed indicated the patient in this case had undergone at least 51 physical therapy visits since the inception of care after his 5/19/06 injury. Therefore, the request for 12 additional PT visits submitted on 3/29/07 by the chiropractor was not medically necessary or clinically justified in this case.

A description and the source of the screening criteria or other clinical basis used to make the

decision:

ODG Guidelines

Expert Clinical Benchmarks: "Cervical/Thoracic", King of Prussia, PA, MedRisk, Inc. 2004