



Southwestern Forensic  
Associates, Inc.

## REVIEWER'S REPORT

**DATE OF REVIEW:** October 25, 2007

**IRO CASE #:**

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

Prospective medical necessity for 6 weeks (18 sessions) of physical therapy to include therapeutic exercises (97110), manual therapy techniques (97140), gait training (97116), ultrasound (97035), and neuromuscular reeducation (97112).

**QUALIFICATIONS:**

Licensed Doctor of Chiropractic in Texas and in active practice.

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

\_\_\_\_\_ Upheld (Agree)

\_\_\_\_\_ Overturned (Disagree)

\_\_\_X\_\_\_ Partially Overturned (Agree in part/Disagree in part)

The proposed therapeutic exercises (97110) are approved, so this aspect of the request is overturned.

The proposed manual therapy techniques (97140), gait training (97116), ultrasound (97035) and neuromuscular reeducation (97112) are denied, upholding the decision of the carrier.

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI-DWC IRO assignment paperwork.
2. Original physical therapy preauthorization request, dated 9/25/2007
3. Initial denial by carrier, dated 9/27/2007
4. Appeal by treating doctor, dated 9/28/2007
5. Reconsideration denial by carrier, dated 10/5/2007

6. Initial evaluation and report from treating doctor, dated 9/17/2007

**ODG Guidelines were not presented by the URA or carrier.**

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient is a female hospital worker who was walking while at work when she stubbed her right toe/foot then fell forward onto both knees. She initially presented herself to the emergency room, and then to her primary care provider, and was directed to follow-up with a health care provider within the Texas workers' compensation system. On 9/17/07, the claimant then presented to a doctor of chiropractic for evaluation and treatment. Following that examination, she was diagnosed with bilateral internal derangement of the knees and 6 weeks (18 sessions) of physical therapy was requested.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

In this case, although significant time has elapsed since the initial injury, the medical records submitted adequately document that the patient is exhibiting sufficient strength deficits in her lower extremities that would warrant a trial of supervised therapeutic exercises (97110). In addition, the current online edition of ODG, Knee & Leg (Acute & Chronic), states, "Physical therapy – Recommended." Based on this information, the medical necessity for therapeutic exercises is supported.

However, with regard to the manual therapy techniques requested (97140), it is unclear precisely what is to be performed under the umbrella of services represented by this code. According to CPT, this service might represent manual traction, joint mobilization, or even myofascial release. Therefore, it is incumbent upon the provider to specify which specific service is planned on being performed and why in order to support the medical necessity of the service. But in this case, the records were devoid of any mention of the particular service intended under the global CPT code 97140. Therefore, its medical necessity cannot be determined and is unsupported.

With respect to neuromuscular reeducation services (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 Medicare Medical 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 which 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." However in this case, the documentation failed to fulfill these requirements. Likewise, in terms of

the requested gait training (97116), the medical records failed to establish any gait abnormalities that would warrant the performance of this service. Therefore, the medical necessity of these services is unsupported and renders the request for the performance for these services medically unnecessary.

Finally, in terms of the requested ultrasound (97035), ODG (for physical therapy) only supports this modality within the first 8 weeks following an injury, and clearly this case is well beyond that time frame.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)