



Notice of Independent Review Decision

DATE OF REVIEW: 9/7/07

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the dispute resolution for appropriateness of the previously denied request for physical therapy, chiropractic manipulations and office visits with dates of service 2/15/06 to 7/13/06 and with CPT codes of 97110-therapeutic exercises, 97124-massage therapy, 97039-unlisted modality, 97112-Neuromusculature reeducation, office visits with expanded history, examination and low clinical decision making with CPT code of 99213 and chiropractic extremity (extra-spinal) manipulations with CPT code of 98943.

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

Texas Licensed D.C. and is also currently listed on the TDI/DWC ADL List.

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)

The previously denied request for physical therapy, chiropractic manipulations and office visits with dates of service 2/15/06 to 7/13/06 and with CPT codes of 97110-therapeutic exercises, 97124-massage therapy, 97039-unlisted modality, 97112-Neuromusculature reeducation, office visits with expanded history, examination and low clinical decision making with CPT code of 99213 and chiropractic extremity (extra-spinal) manipulations with CPT code of 98943.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- **Follow-up Report dated 8/28/07.**
- **IRO Reviewer Report dated 3/2/07.**
- **Office Visit dated 2/14/07.**
- **Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 2/12/07.**
- **Request Form dated 2/9/07.**
- **Procedure/Description Letter dated 7/25/06, 6/16/06.**
- **Notes dated 7/13/06, 6/28/06, 6/23/06, 6/12/06, 3/30/06, 3/1/06, 2/27/06, 2/24/06, 2/23/06, 2/23/06, 2/8/06, 2/6/06, 2/3/06, 1/30/06, 1/27/06, 1/23/06, 1/20/06, 1/18/06.**
- **Explanation of Benefits dated 7/13/06, 6/28/06, 6/26/06, 6/23/06, 6/22/06, 6/21/06, 6/16/06, 6/14/06, 6/12/06, 6/9/06, 6/7/06, 6/2/06, 5/30/06, 5/24/06, 5/12/06, 5/3/06, 5/2/06, 5/1/06, 4/26/06, 4/24/06, 4/20/06, 4/18/06, 4/12/06, 4/11/06, 4/10/06, 4/5/06, 3/29/06, 3/28/06, 3/24/06, 3/22/06, 3/17/06, 3/15/06, 3/13/06, 3/7/06, 3/6/06, 3/1/06, 2/28/06, 2/27/06, 2/24/06, 2/23/06, 2/17/06, 2/15/06.**
- **Determination Notification Letter dated 6/30/06, 6/5/06, 4/17/06.**
- **Company Request for Independent Review Organization dated (unspecified).**
- **List of HealthCare Providers dated (unspecified).**

PATIENT CLINICAL HISTORY [SUMMARY]:

Age:

Gender: Male

Date of Injury:

Mechanism of Injury: Fell 20-30 feet from a roof, sustaining fractures of clavicle, scapula, L5 pars fracture and multiple rib fractures, and right radius fractures.

Diagnosis: Intervertebral disc disorder, fracture of the clavicle, fracture of the right radius, multiple level rib fractures and fracture of the L5 pars.

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

This is a male who sustained a work related injury when he fell 20-30 feet from a roof. The provided diagnoses include intervertebral disc disorder, fracture of the clavicle, fracture of the right radius, multiple level rib fractures and fracture of the L5 pars. The initial treatment history and records were not included for this dispute resolution. The documentation provided did indicate that the claimant presented for care to Healthcare Center from at least 1/18/06 to 7/13/06, where he received manipulation and physical therapy, which included therapeutic exercises, neuromuscular reeducation, massage, cold packs, hydrotherapy, and myofascial release treatments to the cervical spine, right shoulder and right wrist areas. The actual dispute resolution requested involves the treatments received with dates of service of 2/15/06 to 7/13/06 with CPT codes of 97110-therapeutic exercises, 97124-massage therapy, 97039-unlisted modality, 97112-Neuromusculature reeducation, office visits with expanded history, examination and low clinical decision making with CPT code of 99213 and chiropractic extremity (extra-

spinal) manipulations with CPT code of 98943. There was a letter dated 7/25/07 addressed to a chiropractor D.C., indicating that treatment was not medically necessary for dates of service of 6/30/06 to 8/31/06. There was a decision dated 6/30/07, addressed to Healthcare Center at the same address of the chiropractor Dr. which indicated the denial of 12 occupational physical therapy sessions. This review indicated that the claimant, at that time, had received at least 50 previous physical therapy visits without documented lasting benefits, had not had curative effect and, therefore, was not medically necessary as defined by the Rule 19.2003 of TAC: Title 28, Part 1, Chapter 19, Subchapter U. The claimant was noted as remaining with symptomatic cervical spine muscle spasms, weakness and decreased ranges of motion. The claimant was approved for one lumbar epidural steroid injection on 6/5/06 with M.D. There was letter dated 4/17/06 to Dr. indicating the denial for 12 additional occupational therapy sessions. This letter indicated that, up to that time, the claimant had already been provided at least 12 sessions. The provided EOB's regarding dates of service back to 2/15/06 to at least 7/13/06 indicated inappropriate billing from this provider related to several CPT codes of 99213 being billed on the same date as a manipulation 98940 or 98943. On 7/13/07, there was even a new patient examination charge CPT code of 99203, which would be inappropriate given that the claimant had been treating with them since January 2006, and certainly, there was no documentation provided from this provider indicating that a new patient examination was performed by anyone at this particular detailed level of service. Additionally, all CPT codes of 99213 were up-charged without documentation from this provider meeting that level of coding period. On the dates of no manipulation, this should have been a down code to 99211 at best. The patient had received at least 9 chiropractic and physical/occupational therapy visits from NBC healthcare from at least 1/16/06 to 2/13/06 with same or similar complaints of right shoulder, right wrist and neck complaints and redundant objective and treatment information with information indicating a waxing and waning of better, worse to the same on these visits. Regarding the specific timeframe of this dispute resolution with dates of service of 2/15/06 to 7/13/06, the notes were carefully examined with subjective complaints on 2/23/06, which indicated continued symptoms of mild restricted shoulder motion on the right, which was the same, mild neck spasms on both sides and mild pain in the right wrist, which was also stated as the same. The objective findings were grossly non-specific and indicated moderately severe degree of reduced motion in the right shoulder without actual ranges of motion identified, swelling (non-graded) of the wrist and non-graded and non-specific moderate amount of tenderness in the cervical region bilaterally. There were no orthopedic tests, no neurological deficits identified, no pain scales identified, and no ranges of motion identified with measurable or demonstratable documentation for any body parts. The treatment continued to be hydrotherapy to the entire spinal region, myofascial release to the cervical region and neuromuscular reeducation to the cervical spine with neuromuscular reeducation to the right wrist. Please note that this reviewer finds that there was no actual measurable or demonstratable clinical deficit identified specifically in the notes to support neuromuscular reeducation for the wrist or cervical spine since this is usually performed for deficits in movement (which are not appropriately identified in these notes to determine a specific degree of deficits), balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/or standing activities to one or more areas each 15 minutes. The CPT codes of 97110-therapeutic exercises are not supported in the daily clinical notes provided in that there was absolutely no mention of exercises being performed in the notes. Regarding CPT code of 97124-massage therapy, it appears that it was inappropriately charged for myofascial

release, which should have been charged out at 97140-manual therapy. There was no mention of massage therapy at all to any body part; only myofascial release was noted, but again, not to a specific muscle group or specific muscle and, certainly, no time was documented. Regarding the Hydrotherapy charges, they appear to be charged with CPT code of unlisted modality-97039. The remainder of the dates of service notes through at least 7/13/06 indicated manipulation to the right wrist and/or the cervical spine, and he inappropriately charged for an office visit on the same date on several occasions. Some dates also indicated charges on the EOB's without even mentioning the procedure in the notes provided. The notes only indicated that therapeutic exercises were performed and did not indicate what specific exercise was performed or how long it was performed. Overall, the claimant had received previous physical therapy prior to presenting for care with Healthcare Center, as well as at least 12 PT sessions initially with this facility since at least January 2006 without lasting benefits. The documentation received for this review also indicated that the claimant received at least 50 more visits despite denial which, again, did not result in curative effects or significant well documented measurable or not have been medically necessary from dates of service 2/15/06 to 7/13/06 and with CPT codes of 97110-therapeutic exercises, 97124-massage therapy, 97039-unlisted modality, 97112-Neuromusculature reeducation, office visits with expanded history, examination and low clinical decision making with CPT code of 99213 and/or chiropractic extremity (extra-spinal) manipulations with CPT code of 98943. Reference is made to the Return To Work Guidelines (2007 Official Disability Guidelines, 12th edition) Integrated with Treatment Guidelines (ODG Treatment in Workers' Comp, 5th edition) web based version regarding physical therapy and manipulation for the spine, wrist and shoulder complaints which are the areas treated. These guidelines indicate appropriateness of physical therapy at a frequency and duration of "10 visits over 8 weeks" for the spine, "9 visits over 8 weeks" for the shoulder and "8 visits over 10 weeks for the fractured carpal bone or wrist areas. Regarding manipulation for the spine a trial of chiropractic manipulation would have been initially appropriate for up to "6 visits over 2-3 weeks" and "With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, avoid chronicity". There is simply no evidence of functional improvements and, therefore, no more than 6 visits would have been appropriate for this claimant. For the shoulder specifically "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy ", "9 visits over 8 weeks" is recommended. Regarding the wrist specifically, manipulation is "Not recommended. Manipulation has not been proven effective in high quality studies for patients with pain in the hand, wrist, or forearm, but smaller studies have shown comparable effectiveness to other conservative therapies." Therefore, given the above reference. There is only support for a trial of chiropractic manipulation for at most 6 visits over 2 weeks for the cervical spine and "9 visits over 8 weeks" for the right shoulder areas and no manipulation to the wrist area. Regarding physical therapy given the reference to the ODG it would average out at best to 10 visits over 10 weeks for physical therapy for the spine, right shoulder and right wrist. Unfortunately although the initial trial would have been appropriate to consider for this claimant, this providers notes are simply inadequate to support reimbursement of services and/or establish clinical medical necessity and appropriateness for the charges from dates of service 2/15/06 to 7/13/06 and with CPT codes of 97110-therapeutic exercises, 97124-massage therapy, 97039-unlisted modality, 97112-Neuromusculature reeducation, office visits with expanded history, examination and low clinical decision making with CPT code of 99213 and/or chiropractic extremity (extra-spinal) manipulations with CPT code of 98943.

Lastly, the claimant has far exceeded the well accepted ODG treatment index recommendations regarding physical therapy or chiropractic manipulation and associated office visits by the 2/15/07 date of service with at least 12 previous visits at minimum. The decision is to uphold the denial of these services.

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.

Return To Work Guidelines (2007 Official Disability Guidelines, 12th edition) Integrated with Treatment Guidelines (ODG Treatment in Workers' Comp, 5th edition) web based version regarding physical therapy and manipulation for the cervical and lumbar spine, wrist and shoulder complaints.

<http://www.odg-twc.com/bp/847.htm>

<http://www.odg-twc.com/bp/722.htm#722.1>

<http://www.odg-twc.com/bp/840.htm#840>

<http://www.odg-twc.com/bp/814.htm#814>

http://www.odg-twc.com/odgtwc/Forearm_Wrist_Hand.htm#Manipulation

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.
