

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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Notice of Independent Review Decision

**DATE OF REVIEW:** August 15, 2008

**IRO CASE #:**

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

Physical therapy 3 times a week for 4 week for 12 visits to include CPT codes 97110 and 97530.

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

Diplomate of the American Chiropractic Neurology Board

**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)

**PATIENT CLINICAL HISTORY:**

I have reviewed medical records indicating that the patient was loading a platform truck and injured his knee and lumbar spine on xx/xx/xx. There were treatments given by x, D.C. on April 3, 2008 through at least June 16, 2008.

MRI of the right knee revealed a small knee joint effusion and mild subcutaneous edema, proximal medial collateral ligament sprain, small 1.5 cm focus of marrow edema

involving the anterior medical femoral condyle, mild chondromalacia of the patellofemoral compartment, and small osteochondral defect versus subchondral cyst involving the posterior proximal tibia.

MRI of the lumbar spine revealed diffuse disc bulges and osteophyte formation with some canal stenosis at L4-L5 and L5-S1. At L5-S1, there was a central disc extrusion, 7 mm posterior and 5 mm inferior.

There is an electrodiagnostic evaluation that was performed and read by Dr. , revealing bilateral L5-S1 radiculopathy.

The patient received epidural steroid injections and lumbar treatment.

Additional active rehabilitation has been recommended.

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

There has been a request for 12 more visits of physical therapy to include 97110 and 97530 codes. Based on the information provided and the Official Disability Guidelines, I am going to uphold the decision to deny the 12 visits based on the information provided. Additional physical therapy extends beyond the Official Disability Guidelines recommendations for chiropractic and physical therapy.

**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)**