PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

DATE OF REVIEW: 02/26/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy three times a week for six weeks

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

Board Certified in Orthopedic Surgery

REVIEW OUTCOME

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

X 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.

Physical therapy three times a week for six weeks - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

MRIs of the cervical and lumbar spines interpreted by M.D. dated 01/10/07
An EMG/NCV study interpreted by M.D. dated 02/08/07
A Designated Doctor Evaluation with M.D. dated 08/27/07
A letter from Dr. dated 11/20/07
An evaluation with an unknown provider (signature was illegible) dated 12/20/07
A Physical Performance Evaluation (PPE) with Dr. (no credentials were listed) dated 01/03/08
A preauthorization request from D.O. dated 01/14/08
A letter of denial, according to the ODG, dated 01/18/08
A letter of appeal from Dr. dated 01/25/08
A letter of denial, according to the ODG, from D.C. dated 01/28/08
A letter of denial, according to the ODG, dated 01/30/08
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

An MRI of the cervical spine interpreted by Dr. on 01/10/07 revealed disc bulges at C3-C4, C4-C5, C5-C6, and C6-C7. An MRI of the lumbar spine interpreted by Dr. on 01/10/07 revealed disc bulges at T10-T12, L3-L4, and L5-S1, and a disc protrusion at L4-L5. An EMG/NCV study interpreted by Dr. on 02/08/07 revealed bilateral C4, C6, and L5 radiculopathy, left L4 radiculopathy, and spinal stenosis with L5 and S1 nerve root impingement on the right. On 08/27/07, Dr. placed the patient at Maximum Medical Improvement (MMI) with a 12% whole person impairment rating. Based on a PPE with Dr. on 01/03/08, physical therapy was recommended three times a week for six weeks. On 01/14/08, Dr. wrote a preauthorization request for the physical therapy. On 01/18/08, wrote a letter of denial, according to the ODG, for physical therapy. On 01/25/08, Dr. wrote a letter of appeal for the physical therapy. On 01/28/08, Dr. wrote a letter of denial for the physical therapy. On 01/30/08, also wrote a letter of denial for the physical therapy.

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

The patient has already received an inordinate amount of physical therapy for several diagnoses. This already exceeds the recommended therapy per the ODG. Thus, I do not believe further physical therapy three times a week for six weeks without any additional objective evidence would be necessary.

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 AND KNOWLEDGE BASE**

- [ ] 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
- [x] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- [ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- [ ] MILLIMAN CARE GUIDELINES
- [x] 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)