

5068 West Plano Parkway Suite 122  
 Plano, Texas 75093  
 Phone: (972) 931-5100

**DATE OF REVIEW:** 02/18/2008

**IRO CASE #:**

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

Post physical therapy 3 X wk X 4 wks - lumbar

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery  
 TX DWC ADL

**REVIEW OUTCOME:**

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Post physical therapy 3 X wk X 4 wks - lumbar	97110, 97112	-	Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	Office visit	xx	29	120902	111607
2	Office visit	xx	6	100407	122707
3	Office visit	xxSpine	28	111407	111607
4	Office visit	Chiro & Rehab	4	122707	010808

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The request is for 12 physical therapy sessions after lumbar hardware removal and is requested by D.C.

The patient is a male with a work injury. He underwent L4-5 fusion on 05/23/06 after having had an L4-5 laminectomy on 03/30/04. He had hardware removal on 10/14/07. He had 16 chiropractic/physical therapy sessions post-operatively. PPE done on 11/07 revealed a PDL of light and the PPE done on 12/20/07 revealed a light/medium PDL.

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

This male had lumbar hardware removal on 10/14/07. This was followed by 16 sessions of physical therapy by chiropractor . On 12/20/07 the PPE showed the patient could lift 35 pounds occasionally which falls in the light/medium PDL. Dr. has requested another additional 12 physical therapy sessions. This request greatly exceeds the ODG recommendations. The patient has made progress and also has had sufficient supervised physical therapy that should be able to continue on a self-directed home exercise program as recommended by ODG and ACOEM. Studies support the use of HEP as effective therapy (ODG, 4<sup>th</sup> ed, 2006). There is no rationale to continue supervised physical therapy when studies have shown that after these many sessions the patient should be able to continue his rehab at home just as well or better than at the facility (Asworth 2005 and Daskapan, 2005). Therefore, based upon the above rationale and referenced guidelines the request for 12 additional P.T. sessions is not medically necessary or reasonable. Non-certification is advised.

### **ODG Physical Therapy Guidelines –**

Allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the [ODG Preface](#).

#### **Lumbar sprains and strains (ICD9 847.2):**

10 visits over 8 weeks

#### **Sprains and strains of unspecified parts of back (ICD9 847):**

10 visits over 5 weeks

#### **Sprains and strains of sacroiliac region (ICD9 846):**

Medical treatment: 10 visits over 8 weeks

#### **Lumbago; Backache, unspecified (ICD9 724.2; 724.5):**

9 visits over 8 weeks

#### **Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8):**

Medical treatment: 10 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks

Post-surgical treatment (fusion): 34 visits over 16 weeks

#### **Intervertebral disc disorder with myelopathy (ICD9 722.7)**

Medical treatment: 10 visits over 8 weeks

Post-surgical treatment: 48 visits over 18 weeks

#### **Spinal stenosis (ICD9 724.0):**

10 visits over 8 weeks

See 722.1 for post-surgical visits

#### **Sciatica; Thoracic/lumbosacral neuritis/radiculitis, unspecified (ICD9 724.3; 724.4):**

10-12 visits over 8 weeks

See 722.1 for post-surgical visits

#### **Curvature of spine (ICD9 737)**

12 visits over 10 weeks

See 722.1 for post-surgical visits

#### **Fracture of vertebral column without spinal cord injury (ICD9 805):**

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 34 visits over 16 weeks

#### **Fracture of vertebral column with spinal cord injury (ICD9 806):**

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 48 visits over 18 weeks

**Work conditioning** (See also [Procedure Summary](#) entry):

10 visits over 8 weeks

ACOEM, page 75, states, “prompt return to work, in a capacity suitable for the workers current capabilities and needs for rest, treatment and social support prevents deconditioning and disabling inactivity, reinforces self-esteem, reduces disability, and improves the therapeutic outcome in most individual cases and on an aggregate basis. Ill or injured workers can be temporarily placed in different jobs from their usual jobs (temporary duty), or their usual jobs can be temporarily modified to accommodate their limitations and remaining abilities (modified or temporary transitional work). Accommodation, with progressively fewer restrictions as healing occurs, generally has a greater chance of success; the highest success rates are achieved when workers return to a modification of their pre-injury job. Disability management conveys respect for injured or ill employees and provides social support that hastens recovery”.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

ODG:

ODG, Online and ACOEM, page 75