



# Lumetra

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 01-14- 08

**IRO CASE #:**

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

8 sessions of Physical Therapy

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

Certified by The American Board of Physical Medicine and Rehabilitation

### **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)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC Codes	Upheld/ Overturn
		Prospective	843	99213 97140 97112 97530	Upheld

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

Determination Letters dated 11-1-07 and 11-29-07

Determination Letter to Attorney dated 11-30-07

Workers Comp Pre-Authorization Form dated 10-26-07

Referrals dated 10-2-07, 9-24-07

Physicians Initial Medical Report dated 5-31-05

Patient encounter forms dated 9-24-07, 8-23-07

Information dated 11-19-07 and 11-18-07 (Group 5, 33 pages) includes:

- Claimant letter dated 12-13-06

- Breakdown Injuries xxxx/xxxx

- Letters/E-mails dated 12-3-06, 12-14-06, 12-6-06, 11-12-06

- Claimant notes dated 11-15-06

Physician letter dated 11-19-07

Progress Note dated 11-13-07

Information dated 11-18-07 (Group 1, 50 pages) includes:

- Patient Encounter form dated 9-24-07

- Physician letter dated 10-15-07

- Chronology Sorted by Date

- Claimant Letter dated 10-26-05

- DWC Appeals Panel-Claimants Request for Review dated 2-6-07

- Physical Therapy Evaluation dated 12-21-04, 1-13-05

- Podiatry notes of 3-12-05 (x2), 3-28-05, 4-23-05

- Consult dated 4-5-05

Information dated 11-18-07 (Group 2, 48 pages) includes:

- Physician Note dated 4-14-05

- Physical Therapy evaluation/treatment notes dated 4-18-05, 4-20-05, 4-22-05

- Ultrasound report of 4-21-05

- Physician Note dated 4-27-05, 4-28-05 (x2), 5-2-05, 5-5-06, 5-12-06, 5-31-05, 10-24-05, 2-8-06

- Attorney Letter dated 1-23-06

- Patient encounter forms dated 3-1-06, 4-3-06

- Supplemental Physical Therapy note dated 3-29-06

- Physician letters dated 3-2-06, 3-6-06, 3-15-06, 4-3-06

- Podiatry note dated 3-6-06

- Pain Consultants note dated 4-10-06

- Chiropractic note dated 4-12-06

Information dated 11-18-07 (Group 3, 51 pages) includes:

- MRI reports of 4-22-06, 5-6-06, 9-16-06

Physician notes dated 5-3-06 (x2), 5-5-06, 5-12-06, 6-5-06, 6-12-06,  
7-5-06, 7-26-06, 8-24-06, 8-29-06, 9-18-06, 10-13-06  
Operative Reports dated 5-16-06, 9-1-06  
Physician Letter dated 6-6-06  
Podiatry notes dated 6-16-06, 8-23-06, 9-13-06, 9-27-06  
Physical Therapy evaluation dated 7-19-06  
Information dated 11-18-07 (Group 4, 41 pages) includes:  
Physician notes dated 10-16-06, 10-30-06, 11-17-06, 1-22-07, 2-7-07,  
5-22-07  
EMG report dated 10-19-06  
MRI report dated 11-15-06  
Physician Letter dated 12-11-06  
Physical Therapy notes 2-12-07 thru 4-27-07  
Information dated 11-28-07 (5 pages): Physician note dated 11-13-07  
Information dated 11-20-07 (4 pages): Physician letter dated 11-19-07  
Official Disability Guidelines (ODG): Physical Therapy Guidelines; General  
guidelines (applicable to all conditions) under Physical Therapy in the  
ODG Preface

### **PATIENT CLINICAL HISTORY:**

This claimant was noted to have a “pop” in her left thigh while attempting to answer the phone. The claimant has had complaints of musculoskeletal pain involving her back and lower extremities as well as in her neck. A diagnosis of reflex sympathetic dystrophy was noted as well. By September 24, 2007, the impairment rating was being discussed. By November 13, 2007, additional physical therapy was suggested. Soft tissue tenderness was noted on physical examination.

The xx/xx/xx, report noted a neuroma. A dictated/revised letter dated December 11, 2006, for the xx/xx/xx, visit noted an ongoing left quadriceps condition.

The physician progress report of April 14, 2005, noted by examination quadriceps strain. There are physical therapy notes from that timeframe. A Doppler ultrasound noted a normal right and left tarsal tunnel and tibial nerve. The peroneal nerve was noted to be normal as well. A physician consultation of April 27, 2005, noted minimal changes on MRI but made a diagnosis of lumbar radiculopathy. The physician evaluation of May 5, 2006, felt that there was a radiculitis.

A physician evaluation on October 24, 2005, noted a torn rectus femoris muscle and treated with home exercise program. Maximum medical improvement was reached in February 2006. Additional physical therapy was noted.

A pain consult was obtained on April 10, 2006, and additional physical therapy noted. A chiropractic consultation was obtained noting low back pain and foot drop. A lower extremity MRI was completed noting no specific pathology. The physician felt that there was a SI joint issue. A May 2006 lumbar MRI noted minimal changes. The cervical MRI noted ordinary disease of life degenerative changes. The left SI joint was injected as well as the left piriformis muscle. This injection reportedly improved the pain complaints. Additional physical therapy was prescribed.

A partial left knee medical meniscectomy was noted and completed in July 2006. A repeat piriformis muscle injection was completed as well. The EMG noted no left lower extremity pathology. A repeat cervical MRI noted the same ordinary disease of life degenerative changes. The cervical facet joints were thought to be problematic. April 2007 physical therapy for the post-operative rehabilitation of the left knee partial meniscectomy was noted.

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

In the opinion of the Physician Reviewer, the request for eight sessions of physical therapy is not medically necessary for this claimant. The Reviewer reviewed the claimant's many complaints and findings noted on objective evaluation. There are a number of treating providers, and according to the Reviewer the documentation submitted for review does not substantiate objective clinical findings to support the requested physical therapy services for this claimant. The Reviewer referenced the ODG Guidelines for Physical Therapy which allow for fading of treatment frequency (from up to 3 visits per week to 1 or less).

**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)