



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: March 19, 2008

IRO Case #:

Description of the services in dispute:

Medical necessity of PT with modalities #97140, #97032, #97035, and #97110.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Board of Physical Medicine and Rehabilitation. This reviewer has been in active practice since 2005.

Review Outcome

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

Upheld.

The request is for physical therapy utilizing codes #97140, #97032, #97035 and #97110 is not medically necessary. The records do not indicate that the patient has any barriers that would limit him from performing a daily self-directed home exercise program.

Information provided to the IRO for review

1. IRO report
2. Utilization review outcomes
3. Operative report dated 01/07/08
4. Medical records Dr.

Patient clinical history [summary]

The patient is a male who is reported to have sustained an injury to his low back. Records indicate that the patient underwent MRI of the lumbar spine which is reported to show a small disc

protrusion at L4–5 and an annular tear at L3–4. The patient has undergone epidural steroid injections with reported relief. He has been through physical therapy on several occasions with instructions in a home exercise program without significant reported relief.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The request is for physical therapy utilizing codes #97140, #97032, #97035 and #97110 is not medically necessary. The available medical records indicate that the patient has undergone multiple sessions of physical therapy for a diagnosis of lumbar spondylosis. The patient has continued low back pain. He is reported to have been responsive to epidural steroid injections. The requested physical therapy techniques electrical stimulation and ultrasound are clearly not supported by the Official Disability Guidelines and would not be recommended due to the lack of clinical data to establish the efficacy of these procedures. The code #97140 manual therapy techniques and #97110 therapeutic procedures including exercise would not be considered inappropriate under current evidence based guidelines. However, the patient has already undergone multiple sessions of physical therapy. The records do not indicate that the patient has any barriers that would limit him from performing a daily self-directed home exercise program. Therefore, further physical therapy is not medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

1. The Official Disability Guidelines, 11th edition, The Work Loss Data Institute.
2. The American College of Occupational and Environmental Medicine Guidelines; Chapter 12.