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Notice of Independent Review Decision

DATE OF REVIEW: 04/13/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy three times a week for four weeks to include 97530 times three units, 97112, 97016, and 97110 times two units

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

Board Certified in Family Medicine
Board Certified in Preventive Medicine
Board Certified in Occupational Medicine

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)

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 four weeks to include 97530 times three units, 97112, 97016, and 97110 times two units - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An Employer's First Report of Injury or Illness report dated xx/xx/xx
Evaluations with an unknown provider (signature was illegible) dated xx/xx/xx, 09/02/08, 09/13/08, and 09/20/08
A physical therapy evaluation with P.T. dated 09/04/08
Physical therapy with an unknown therapist (signature was illegible) dated 09/04/08, 09/16/08, 09/18/08, 09/20/08, 09/23/08, 09/25/08, 09/27/08, 09/30/08, 10/02/08, 10/04/08, 10/06/08, 10/08/08, and 10/10/08
An MRI of the right knee interpreted by Dr. (no credentials were listed) dated 09/12/08
A request to change treating physicians dated 10/06/08
Evaluations with M.D. dated 10/09/08, 12/18/08, 01/08/09, 03/05/09, and 02/12/09
DWC-73 forms from Dr. dated 10/09/08, 12/18/08, 01/08/09, and 02/12/09
An evaluation with M.D. dated 10/23/08
PLN-11 forms filed by the insurance carrier dated 10/24/08 and 03/06/09
An evaluation with M.D. dated 11/07/08
A Designated Doctor Evaluation with M.D. dated 12/08/08
An evaluation and EMG/NCV study with M.D. dated 01/02/09
A physical therapy evaluation with P.T. dated 01/15/09
Physical therapy with Mr. dated 01/15/09 and 01/17/09
A Prospective/Concurrent Review Determination from D.O. dated 02/05/09
A Functional Capacity Evaluation (FCE) with D.P.T., O.C.S., C.S.M.T. dated 02/25/09
A letter of medical necessity from Mr. dated 03/12/09
A Prospective/Concurrent Review Determination from M.D. dated 03/17/09
The ODG Guidelines were not provided by the carrier

PATIENT CLINICAL HISTORY

The Employer's First Report of Injury or Illness form on xx/xx/xx indicated the claimant was singing "Happy and You Know It" and stated she heard a pop in her knee. An unknown provider ordered physical therapy and sedentary duty on 09/02/08. Physical therapy was performed with an unknown therapist from 09/04/08 through 10/10/08 for a total of 13 sessions. An MRI of the right knee on 09/12/08 that was interpreted by Dr. revealed a mild medial collateral ligament (MCL) sprain. On 10/09/08, Dr. prescribed Vicodin and Celebrex. On 10/23/08, Dr. felt the claimant had reflex sympathetic dystrophy (RSD) or complex regional pain syndrome and recommended Lyrica or Neurontin. On 10/24/08, the insurance carrier accepted a right knee strain only. On 11/07/08, Dr. felt the claimant did not have RSD or complex regional pain syndrome. On 12/08/08, Dr. felt the claimant was not at Maximum Medical Improvement (MMI) at that time. An EMG/NCV study with Dr. on 01/02/09 was unremarkable. On 01/15/09, Mr. recommended physical therapy two to three times a week for four weeks and treatment was performed on 01/15/09 and 01/17/09. On 02/05/09, Dr. did not approve additional physical therapy. Based on an FCE with Mr. on 02/25/09, additional physical therapy was recommended.

On 03/06/09, the carrier disputed the diagnosis of RSD. On 03/12/09, Mr. wrote a letter of medical necessity for physical therapy three times a week for six to eight weeks. On 03/17/09, Dr. did not approve further formal physical therapy.

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

The clinical records documents minimal to no pathology has been found. The records report that she has already participated in physical therapy with mixed results. As such, it is not clear why it would be expected that additional physical therapy would provide any more benefit over and above what she experienced from the initial set. Further, if we turn to the ODG for sprains and strains of the knee, up to 12 physical therapy visits over an eight week period of time could be considered acceptable. As such, an additional 12 visits at this point would be excessive per the ODG. It appears that the claimant has already participated in guideline level care, which provided minimal benefit. The current request would exceed the parameters set forth in the ODG and viewing past response, it would not be reasonable to expect that additional formal physical therapy would provide any additional benefit over a home exercise program. Therefore, the requested physical therapy three times a week for four weeks to include 97530 times three units, 97112, 97016, and 97110 times two units is neither reasonable nor 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
- 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)**