

MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: April 10, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical medicine 2 x week x 3 weeks (total of 6 sessions) for left ankle – 97032/97110/97124/97112

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

The physician providing this review is a Doctor of Chiropractic. The reviewer is certified by the National Board of Chiropractic Examiners. The reviewer has been in active practice in the state of Texas for over 25 years.

REVIEW OUTCOME

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI

- Office visit (02/19/09)
- Pre-authorization request (03/03/09)
- Utilization reviews (03/09/09 & 03/17/09)

NBC Health Care

- Office visit (02/19/09)
- Preauth request (03/03/09)

ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xxxx. She was standing in front of a clothing shelf with her back towards it, when it tipped and fell forward.

The 200-lb shelf fell directly onto the back of her left leg, crushing it, and pinning it to the ground just below the knee.

On February 19, 2009, D.C., saw the patient for constant pain in her left knee, rated as 8 on a scale of 10. Examination revealed decreased strength in the left lower extremity as compared to the right and hypoesthesia in the left lower extremity corresponding to the L4 and L5 levels. Palpatory examination revealed effusion and tenderness in the medial and lateral joint lines, edema and tenderness in the peripatellar regions. Left ankle was tender to digital pressure. X-rays of the left lower leg and ankle taken at Medical Center cleared the patient of fracture or dislocation. Dr. stated the patient was experiencing a severe exacerbation of her condition and recommended physical therapy (PT) twice per week for three weeks to decrease pain and swelling in the involved area. He stated the patient might be referred to Dr. for pain management dependent on her response to initial treatment. She might also be referred for magnetic resonance imaging (MRI) of the left lower leg and ankle dependent on her progress.

On March 9, 2009, M.D., denied the request for PT to the left leg. The report indicated the following: *"The patient has attended six sessions of therapy. The request is now for six additional sessions with 6 units of treatment per session of active and passive modalities. The rationale for denial was as follows: "The claimant had been released to a home exercise program by a previous therapy provider. The claimant reported subjective worsening of pain, so she began treatment at their location. X-rays are negative. Adverse determination. The claimant has already been transitioned to a home exercise program. There is inadequate reason for additional monitored therapy at four months post injury."*

On March 17, 2009, D.C., denied the appeal for PT to the left leg. The report indicated: *"Following the injury, the patient was sent to an urgent care facility for sutures on a laceration on the left ankle/foot. The patient is seeking care with Dr. for pain in the left ankle and lower leg. The rationale for denial was as follows: "Discussion occurred with Dr. The claimant has already had six sessions of treatment without any significant outcome and the current request is exceeding the guidelines as cited above. Therefore, the request for an additional six visits is not considered medically necessary, reasonable, nor supported by the guides."*

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

Based on the records submitted, the claimant injured her left lower extremity on xx/xx/xxxx and did not present to Healthcare until xx/xx/xx. It was reported in the records that the claimant had received previous therapy with another provider and was released to home based protocols. Healthcare provided additional therapy for 6 sessions and was requesting more. The current documentation from the provider (Healthcare) gives no objective basis for ongoing care, future chiropractic treatment, and/or physical therapy beyond that already provided. The claimant apparently received treatment and was transitioned to a home based self directed exercise program prior to care at Healthcare. The records report that the claimant may have sustained an exacerbation and received treatment at Healthcare for the effects of that exacerbation. The claimant should be evaluated by a designated doctor for the

relatedness of complaints and need for further treatment as related to the xx/xx/xx incident.

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
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES