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Notice of Independent Review Decision

DATE OF REVIEW: 08/03/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 sessions of physical therapy to consist of CPT codes 97110, 97140, and 97112

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

Board Certified in Orthopedic Surgery

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.

12 sessions of physical therapy to consist of CPT codes 97110, 97140, and 97112 - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An evaluation with M.D. dated 04/13/09

An evaluation with M.D. dated 06/16/09
A physical therapy progress note from Dr. dated 06/22/09
A preauthorization request from Dr. dated 06/23/09
A letter of adverse determination, according to the Official Disability Guidelines (ODG), from M.D. dated 06/23/09
A letter of adverse determination, according to the ODG, from M.D. dated 06/30/09
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

On 04/13/09, Dr. recommended x-rays of the elbows, lumbosacral spine, and thoracic spine, an orthopedic evaluation, an MRI of the lumbosacral spine, and physical therapy. On 06/16/09, Dr. recommended an EMG/NCV study. On 06/22/09, Dr. recommended continued physical therapy. On 06/23/09, Dr. wrote a letter of adverse determination for further physical therapy. On 06/30/09, Dr. also wrote a letter of adverse determination for further physical therapy.

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

The claimant sustained a contusion to his back and both elbows. These were self limited diagnoses. The claimant does not have any evidence of neurological deficit. Has no evidence of a herniated disc. He has no evidence of any extenuating circumstances that would indicate previous sessions have not been satisfactory. The claimant should be sufficient in a home exercise program. The ODG allows for approximately 10 to 12 sessions for the treatment of these conditions and the claimant has completed those treatments. In the absence of any objective findings, further physical therapy is neither reasonable nor necessary and this does not meet the screening criteria from the ODG. Therefore, the requested 12 sessions of physical therapy to consist of CPT codes 97110, 97140, and 97112 would not be reasonable or necessary and the previous adverse determinations should be upheld.

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
- 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)