

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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Notice of Independent Review Decision

**DATE OF REVIEW:** February 9, 2009

**IRO CASE #:**

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

Physical therapy to include CPT codes #97140 (manual therapy techniques), 97113 (aqua therapy with therapeutic exercises), G0283 (electrical stimulation), 97035 (Ultrasound), 97110 (therapeutic exercise).

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

Diplomate, American Board of Orthopaedic 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Medical records from the URA include:

- Official Disability Guidelines, 2008
- , 01/22/09
- , 12/04/08, 12/17/08,
- , 12/23/08, 12/31/08, 01/13/09

Medical records from the Requestor/Provider include:

- IOD, 02/02/09
- , 11/26/08, 12/17/08, 01/15/09, 01/22/09

**PATIENT CLINICAL HISTORY:**

The medical records indicate that a lumbar/thoracic strain occurred on xx/xx/xx.

The medical records provided by , M.D. indicate that the patient was a xx-year-old female who was working with special needs children. She was lifting a child when she developed lower back pain. Physical therapy was prescribed. He noted limited range of motion of the lumbar spine, however, no neurologic signs.

Physical therapy then ensued.

The patient returned to Dr. on December 17, 2008. Celebrex and Ultracet were prescribed, as was Flexeril. Further physical therapy was prescribed, and the patient was kept off of work.

The physical therapy was denied by a peer reviewer citing the Official Disability Guidelines.

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

It is my opinion that the denial in this case should be upheld. The current recommendations from Dr. exceed the ODG, and there is no evidence in the records to support a deviation from the ODG. Therefore, in my opinion, the denial for continued physical therapy to include CPT codes #97140 (manual therapy techniques), 97113 (aqua therapy with therapeutic exercises), G0283 (electrical stimulation), 97035 (Ultrasound), 97110 (therapeutic exercise) 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 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)**