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Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax:  
877-738-4395

**DATE OF REVIEW:** 05/01/09

**IRO CASE #:**

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

Twelve visits of physical therapy three times a week for four weeks to include CPT codes 97110, 97140, 97124, 97116, 97010, 97035, and 97113

**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.

Twelve visits of physical therapy three times a week for four weeks to include CPT codes 97110, 97140, 97124, 97116, 97010, 97035, and 97113 - Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

A therapy referral from an unknown provider (signature was illegible) dated 03/30/09

An evaluation with, P.T. dated 03/31/09

A letter of adverse determination, according to the Official Disability Guidelines (ODG), from M.D. dated 04/02/09

A letter of adverse determination, according to the ODG, Managed Care, dated 04/03/09

A letter of adverse determination, according to the ODG, M.D. dated 04/08/09

A letter of adverse determination, according to the ODG, Managed Care dated 04/09/09

The ODG was not provided by the carrier or the URA

### **PATIENT CLINICAL HISTORY**

On 03/30/09, an unknown provider requested physical therapy three times a week for four weeks. On 03/31/09, Mr. recommended therapy three times a week for four weeks. On 04/02/09, Dr. wrote a letter of adverse determination for also wrote a letter of adverse determination for the physical therapy.

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

The patient has received, per the information provided for review, 14 sessions of physical therapy and chiropractic therapy with no significant improvement. An additional 12 visits would not appear to be indicated, since there was no significant improvement gained with the original physical therapy provided. Therefore, 12 visits of physical therapy three times a week for four weeks to include CPT codes 97110, 97140, 97124, 97116, 97010, 97035, and 97113 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)**