



## Notice of Independent Review Decision

### **DATE OF REVIEW:**

11/16/2009

### **IRO CASE #:**

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

Physical therapy three times a week for four weeks (97010, 97014, 97035, 97116, 97140, 97124, 97530 & 97113)

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

### **REVIEW OUTCOME**

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

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 using CPT codes 97010, 97014, 97035, 97116, 97140, 97124, 97530 and 97113 is not medically necessary.**

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- TDI/DIVISION OF WORKERS' COMPENSATION Referral form
- 11/03/09 MCMC Referral
- 11/03/09 Notice To Utilization Review Agent Of Assignment
- 11/02/09 Confirmation of Receipt of a Request For a Review, DWC
- 10/29/09 Request For a Review By An Independent Review Organization
- 10/28/09 letter from RN
- 10/21/09, 10/15/09 Fax Transmission with note from Orthopedic Surgeons
- 10/20/09 letter
- 10/15/09 Initial Evaluation, PT, Orthopedic Surgery Group
- 10/12/09 Order Requisition, Orthopedic Surgery Group
- 10/12/09 report from M.D., Orthopedic Surgery Group
- Note: Carrier did not supply ODG Guidelines.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a male with a date of injury listed as xx/xx/xx. The injured individual injured his back carrying a grill. The MRI showed a protrusion at L5/S1. He has had six physical therapy

visits per Dr. that consisted of passive treatment. He had acupuncture also. He has a negative neurological exam but limited range of motion (ROM) and lumbar tenderness.

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

The injured individual is a male with date of injury xx/xx/xx. The MRI showed a protrusion at L5/S1. He has had six physical therapy visits per Dr. that consisted of passive treatment. He had acupuncture also. He has a negative neurological exam but limited ROM and lumbar tenderness. More physical therapy (PT) is not indicated in this particular case. While Official Disability Guidelines would allow up to ten sessions for lumbar strain, the overall request exceeds that. Also, the CPT codes chosen are either passive in nature and therefore have no proven efficacy nor will they lead to a home exercise program (HEP) or they are not applicable (97116 for gait training and 97113 for aqua treatment). The injured individual is capable of performing a typical land based program.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
  
- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**