

MEDR X

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Notice of Independent Review Decision

DATE OF REVIEW: 11/18/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under dispute include 12 sessions of physical therapy consisting of 97110, 97140, 97014 and 97010.

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

The reviewer is a Physical Therapist who has been practicing for greater than 10 years. This reviewer performs these types of services in the WC system in daily practice.

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)

The reviewer disagrees in part with the previous adverse determination regarding 6 visits of therapeutic exercise (times 3 units per visit). The reviewer agrees in part with the previous adverse determination regarding all other services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source):
10/26/09 letter by MD, ODG PT guideline, 9/14/09 denial letter, 9/9/09 report by MD,
8/11/09 precert request, 10/22/09 denial letter, 10/19/09 report by MD, 10/1/09 preauth

request, office notes by Dr. from 8/25/09, PT notes 8/11/09 to 9/3/09, 10/1/09 PT script and notes by MD 10/19/09.

We did receive a partial copy of the ODG PT Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a male who sustained a work related MVA on xx/xx/xx while working. PMH: lumbar laminectomy L5-S1 with fusion 2004. He has completed 9 Physical Therapy sessions authorized. Request for additional 12 session PT services denied by carrier.

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

Upon review of the records that were provided to the reviewer, the reviewer agrees that there is lack of clinical documentation from the physical therapist with respects to the patient's functional/physical deficits related to the job essential requirements and normal ADLS. The Dictionary of Occupational Titles, Fourth edition states the position is in the Medium PDL lifting 20-50 lbs. However, in emergency situations the officer may be required to transfer a victim which may require lifting in the Heavy PDL. The ODG for 724.2 Lumbago suggests 9 visits is a reasonable number of visits. The physical therapy notes indicate that the patient was making progress in that his pain level was decreasing. The last 2 session indicated a pain level of 3 from an initial 6. Notes also indicated improved back mobility but indicated continued back extensor weakness with decreased tolerance to extensor strengthening.

Taking into consideration that the patient had a previous lumbar fusion which affects segmental mobility in the lumbar spine, full recovery may take longer in this patient's case than a patient who had not had previous back surgery. The reviewer recommends an additional 6 sessions of lumbar stabilization only (97110) with 3 units per session to advance his back strengthening program. The reviewer further states that the passive therapeutics are not medically reasonable or necessary at this time. The reviewer indicates that this does fall outside of the ODG guides; however, due to the patient's previous surgical history a special dispensation is granted in this case to meet TDI requirements.

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)