

I-Resolutions Inc.

An Independent Review Organization
71 Court Street
Belfast, ME 04915
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/09/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy 12 Visits over 4 weeks for the cervical spine to include 97110 (therapeutic exercise), 97112 (neuromuscular reeducation), 97140 (manual therapy) and G0283 (E-stim).

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management

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

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 7/29/09, 7/31/09, 7/17/09

MD, 7/14/09, 7/28/09, 1/13/09, 12/12/08, 3/31/09, 7/14/09,
5/26/09, 1/13/09

Pain Institute, 2/9/09

Operative Report, Right Greater Occipital Nerve Block, 6/10/09

Operative Report, Myoneural Injections x 6 sites, 2/4/09

MRI of the Lumbar Spine, 9/30/08

Consultation & Evaluation Notes, 12/12/08

Pain Management New Patient Questionnaire, undated

PATIENT CLINICAL HISTORY SUMMARY

This woman was injured on xx/xx/xx. Records indicate she has ongoing occipital neuralgia, and myofascial pain. She had repeated greater occipital nerve blocks and trigger point injections. Dr. 's request for authorization of Botox injections was denied. Dr. 's intake questionnaire showed that she had PT for 3 times a week for 6 weeks totaling 18 sessions, with the last session in November 2008. Dr. ordered 12 more sessions (3 per week for 4 weeks) in February 2009. These sessions were denied.

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

The ODG recognizes the need and benefit for physical therapy. The ODG further recognizes the use of decreasing physical therapy with more self-directed involvement. This patient has cervicalgia for which a maximum of 9 visits over 8 weeks is recommended by the ODG. If the diagnosis is disc degeneration or brachial radiculitis, she would be recommended for 12 sessions of therapy. Headaches are approved for 6 sessions of therapy. The patient wrote that she already had 18 sessions, 6 to 12 more therapy sessions than would be recommended. The request exceeds the ODG recommended number of sessions, and no explanation has been provided for why the guidelines should not be followed in this particular patient's case. The reviewer finds that medical necessity does not exist for Physical Therapy 12 Visits over 4 weeks for the cervical spine to include 97110 (therapeutic exercise), 97112 (neuromuscular reeducation), 97140 (manual therapy) and G0283 (E-stim).

Physical therapy (PT)

Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. (Rosenfeld, 2000) (Bigos, 1999) For mechanical disorders for the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. (Philadelphia, 2001) (Colorado, 2001) (Kjellman, 1999) (Seferiadis, 2004) Physical therapy seems to be more effective than general practitioner care on cervical range of motion at short-term follow-up. (Scholten-Peeters, 2006) In a recent high quality study, mobilization appears to be one of the most effective non-invasive interventions for the treatment of both pain and cervical range of motion in the acutely injured WAD patient. (Conlin, 2005) A recent high quality study found little difference among conservative whiplash therapies, with some advantage to an active mobilization program with physical therapy twice weekly for 3 weeks. (Kongsted, 2007) See also specific physical therapy modalities, as well as Exercise.

ODG Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial".

Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0)

9 visits over 8 weeks

Sprains and strains of neck (ICD9 847.0)

10 visits over 8 weeks

Displacement of cervical intervertebral disc (ICD9 722.0)

Medical treatment: 10 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks

Post-surgical treatment (fusion, after graft maturity): 24 visits over 16 weeks

Degeneration of cervical intervertebral disc (ICD9 722.4)

10-12 visits over 8 weeks

See 722.0 for post-surgical visit

Brachia neuritis or radiculitis NOS (ICD9 723.4)

12 visits over 10 week

See 722.0 for post-surgical visit

Post Laminectomy Syndrome (ICD9 722.8)

10 visits over 6 weeks

Fracture of vertebral column without spinal cord injury (ICD9 805)

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 34 visits over 16 weeks

Fracture of vertebral column with spinal cord injury (ICD9 806)

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 48 visits over 18 weeks

ODG Physical Medicine Guidelines –

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active

self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface
Fracture of skull (ICD9 801)
Medical treatment: 8 visits over 10 weeks
Post-surgical treatment: 34 visits over 16 weeks
Headache (ICD9 784.0)
6 visits over 6 weeks
Tension headache (ICD9 307.81)
6 visits over 6 weeks
Hemiplegia and hemiparesis (ICD9 342)
Acute inpatient phase: 20-40 visits over 4 weeks
Subacute phase: 6-12 visits over 12 weeks
Bell's palsy (ICD9 351.0)
8 visits over 4 weeks
Temporomandibular joint disorders (ICD9 524.6)
6 visits over 4 weeks

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

ACOEM-AMERICA 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)