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DATE OF REVIEW: 09/29/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

IRO Request for Physical Therapy 3 x 4 post surgical hernia repair on 07/24/09

PT to abdomen 3 x 4 (97110, 97140, 97112, G0283)

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

This case was reviewed by a Texas licensed MD, specializing in Physical Medicine & Rehabilitation. The physician advisor has the following additional qualifications, if applicable:

ABMS Physical Medicine & Rehabilitation

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
IRO Request for Physical Therapy 3 x 4 post surgical hernia repair on 07/24/09 PT to abdomen 3 x 4 (97110, 97140, 97112, G0283)	97110, 97140, 97112, G0283	-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request	TDI	15		
2	UR Request	MD	1	07/15/2009	
3	Office Visit Report	MD	5	07/15/2009	
4	Office Visit Report	MD	1	07/15/2009	
5	Lab Report	Medical Center	3	07/20/2009	
6	Diagnostic Test	Medical Center	2	07/20/2009	
7	Office Visit Report	MD	3	08/04/2009	

8	PT Notes		3	08/16/2009	
9	Appeal Request	MD	2	08/20/2009	
10	IRO Request		9	09/09/2009	09/09/2009
11	Initial Request	Inc	3	08/21/2009	10/09/2009
12	UR Request		6	09/10/2009	09/14/2009
13	Initial Denial Letter	Inc	4	08/24/2009	09/04/2009
14	Office Visit Report	MD PA	8	07/14/2009	07/21/2009
15	Office Visit Report	MD	8	08/14/2009	08/27/2009
16	Lab Report	Medical Center	3	07/20/2009	07/20/2009
17	Diagnostic Test	Medical Center	2	07/20/2009	07/20/2009

PATIENT CLINICAL HISTORY [SUMMARY]:

Summary of Records:

The date of injury is listed as xx/xx/xx. The records available for review document that the claimant developed difficulty with right inguinal pain when the claimant performed a lifting activity in the work place. A hand written medical document dated 7/14/09 indicated that there was a diagnosis of a right groin strain.

A CT scan of the abdomen and pelvis was accomplished on 7/20/09. The study disclosed findings consistent with a fatty inguinal hernia on the right side.

A medical document dated 8/14/09 indicated that the claimant underwent a right inguinal hernia repair and umbilical hernia repair on 7/24/09.

An official operative report is not available for review. The records available for review do not document the presence of any neurological deficits on physical examination.

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

Based upon the documentation presently available for review, medical necessity for this specific request is not established. For the described medical situation, the above noted reference does not provide any data to indicate that treatment in the form of physical therapy services would be expected to provide a long term change in an individual's functional abilities. As a result, for the described medical situation, medical necessity for treatment in the form of physical therapy services is not established per criteria set forth by the above noted reference.

Physical therapy (PT)	Not recommended. No evidence of successful outcomes compared to surgery.
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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG:

Hernia Chapter