



Notice of Independent Review Decision

DATE OF REVIEW:

07/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Six sessions of physical therapy (97110 and 97140).

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

Board Certified Chiropractor

REVIEW OUTCOME

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

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.

Six sessions of physical therapy (97110 and 97140) are medically necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

Records indicate that the injured individual is a female who presented to the office of the attending provider (AP) with injuries relating to an occupational incident that reportedly occurred on xx/xx/xx. The history suggests that she was moving an object that weighed 80-100 pounds and felt pain in the low back and buttocks. X-rays and an MRI were performed on xxxxx. X-rays were negative and the MRI indicated a small flat disc protrusion at L4/5. The records indicate that the injured individual attended six physical therapy (PT) visits to date from 02/16/2010 through 03/19/2010. As a result of the PT, the records describe a reduction in subjective pain levels from 10/10 to 4/10 at which time the injured individual discontinued the PT. The records indicate that she has attended a consultative referral and has participated in medication management. A letter dated 05/18/2010 from the current AP indicates that the injured individual reported that she had an increase in symptoms after going back to work and a new course of PT has been requested. A recent independent examination dated 06/22/2010 opined that the injured individual was not at maximum medical improvement (MMI) and documented lingering objective deficits.

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

The injured individual initially presented with uncomplicated soft tissue injuries to the low back. The injured individual underwent a six visit course of PT to include active care with some subjective and/or objective improvement. The records indicate that the injured individual discontinued the initial course



of PT and returned to work. The records reveal no specific new trauma or provocative event that accounts for the subjective complaints revealed in the 05/18/2010 examination and report. However, the injured individual reported that the return to work aggravated the condition in regards to pain and weakness and continued pain in the lower extremity. The injured individual was examined by an independent examiner on 04/19/2010 and opined to be at maximum medical improvement. However, a new independent examination dated 06/22/2010 revealed diminished reflexes in the left lower extremity as well as motor weakness, significant girth measurement discrepancy and sensory changes. Lastly, for the condition of record, the Official Disability Guidelines suggests that the appropriate course of PT would be up to ten to twelve visits over the course of eight weeks. The requested course of care coupled with the previously attended course of PT would be within the suggested guidelines of the Official Disability Guidelines in terms of the number of visits. Given the documentation of lingering objective deficits and consistent with the guidelines of the Official Disability Guidelines, the medical necessity for the requested course of care is established.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES