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Notice of Independent Review Decision

DATE OF REVIEW: June 22, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy 3 x week x 3 weeks to left leg, left hip and low back 97110, 97035 and 97140.

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

Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Office visits (05/06/09 - 05/04/10)
- Diagnostic (04/01/09)
- Utilization reviews (05/19/10 – 05/24/10)

- Office visits (05/04/10 – 06/01/10)

TDI

- Utilization reviews (05/19/10 – 05/24/10)

ODG have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who slipped and fell, did the splits and hurt her left knee on xx/xx/xx.

2009: On April 1, 2009, magnetic resonance imaging (MRI) of the left knee revealed extensive medial meniscal tear, advanced chondromalacia along the mid weightbearing surface of the medial femoral condyle with associated

subchondral edema and localized horizontal tear of the anterior horn of the lateral meniscus.

In May, M.D., noted the patient was seen by Dr. for complaints in the left knee and hip and was given naproxen for pain. Examination revealed an overweight female moaning and groaning with any type of movement. She had extreme tenderness in the medial aspect of her left knee. Dr. recommended arthroscopic surgery.

In July, the patient was seen at Orthopedic Group for therapy evaluation. She was status post knee arthroscopy. She complained of left hip and knee pain, and some blocking in her knee that kept her from bending. The evaluator recommended physical therapy (PT) two visits per week for four weeks.

2010: M.D., evaluated the patient for complaints of left-sided sacroiliac (SI)/pelvic pain, left back, hip, and left leg. She could slowly get out of the chair and on standing upright, the left knee gave out. There was midline tenderness, L5-S1 left-sided paraspinal muscle tenderness, limited active ROM with extension and moderate left SI joint tenderness almost causing her to fall. Dr. assessed sacroilitis, lumbar radiculopathy, and leg pain; prescribed Neurontin, Medrol and Ultram; and referred her to a chronic pain specialist and PT.

Per utilization review dated May 19, 2010, the request for PT three times per week for three weeks (to the left leg, left hip, and low back consisting of 97110, 97035 and 97140) was denied with the following rationale: *“There is no clinical information including subjective symptoms and objective findings, any prior medications, findings of any prior imaging studies, if done, and/or any prior PT for the requested body parts to determine the necessity of PT at this time.”*

Per reconsideration review dated May 24, 2010, the request for PT three per week for three weeks (to left leg, left hip, and low back consisting of 97110, 97035, and 97140) was denied with the following rationale: *“The medical necessity of the requested PT has not been established, based on Official Disability Guidelines (ODG). The available medical records do not delineate exactly what the current physical exam and imaging study findings are. The patient underwent left knee surgery in 2009, but it remains unclear if the patient had undergone pre/postoperative PT. There is no current exam of the knee (or hip) to describe. A previous left hip x-ray in 2008 was normal, according to the requesting doctor’s staff, but no current studies available. No record of recent or remote imaging studies of the lumbar spine so diagnosis of low back pain remains questionable. Medical therapy not discussed. Based on the above, the requested services are all considered not medically necessary.”*

On June 1, 2010, Dr. noted improvement in low back and leg pain with medications. She was working 8-10 hour shifts at the airport. He refilled Ultram, ibuprofen, and Neurontin.

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

Based on the records received no information of post operative therapy has been included. In addition, the June 1, 2010 physician evaluation

reported the patient was working 8 -10 hours per day with improvement in her condition and recommendations did not include therapy. Therefore, there is no evidence to support the need for therapy or information regarding post operative therapy.

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

- X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

- X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**