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**Notice of Independent Review Decision
IRO REVIEWER REPORT – WC (Non-Network)**

DATE OF REVIEW: 04/13/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Twelve sessions of physical therapy to include CPT codes 97110, 97140, and 97112

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

Board Certified in Orthopedic Surgery

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)

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.

Twelve sessions of physical therapy to include CPT codes 97110, 97140, and 97112 - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

A physical therapy progress note from, M.D. dated 03/02/10

A letter of adverse determination, according to the Official Disability Guidelines (ODG), from, D.O. dated 03/03/10

Requests for preauthorization from Dr. dated 03/03/10 and 03/11/10

A request for reconsideration from Dr. dated 03/10/10

A letter of adverse determination, according to the ODG, from, M.D. dated 03/11/10

A letter of appeal from Dr. dated 03/29/10

The ODG was not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

On 03/02/10, Dr. recommended continued physical therapy. On 03/03/10, Dr. wrote a letter of adverse determination for further physical therapy. On 03/03/10, Dr. wrote a preauthorization request for the physical therapy and a reconsideration request on 03/10/10. On 03/11/10, Dr. also wrote a letter of

adverse determination. On 03/29/10, Dr. wrote a letter of appeal for the physical therapy.

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

The request for an additional 12 sessions of physical therapy is not medically necessary, reasonable, related, or supported by the evidence based ODG. The patient's date of injury is xx/xx/xx. He is over four months status post left knee arthroscopic procedure. He has undergone at least 18 sessions of documented physical therapy following the procedure. The ODG recommends 12 visits over 12 weeks following this type of surgical procedure. He has already exceeded that level. Both previous utilization reviewers cited the lack of transition to a home exercise program and noted that the request did not fall within the criteria of the ODG. There is no objective support for additional formal therapy at this time and therefore, the requested 12 sessions of physical therapy to include CPT codes 97110, 97140, and 97112 is not reasonable or necessary. The previous adverse determinations should be upheld.

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 AND KNOWLEDGE BASE
- 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)

Medical Disability Adviser