



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 10/11/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of physical therapy 3x/4 weeks consisting of 97110, 97140, G0283 and 97140.

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

The reviewer is a Doctor of Chiropractic who is board certified in Rehabilitation. The reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of physical therapy 3x/4 weeks consisting of 97110, 97140, G0283 and 97140.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
These records consist of the following (duplicate records are only listed from one source): Records reviewed from: denial letters 8/11/10 and 8/26/10, preauth advisory 96-11 dated 8/5/10, 8/19/10 and 9/16/10, IRO request for PT dated 9/16/10, 7/30/10 initial evaluation (amended) by Spine and Rehab and reconsideration for PT dated 8/19/10.

Dr.: notes by unknown provider dated 7/30/10 to 9/10/10, subsequent evals 8/3/10 to 9/7/10, various DWC 73, 2/28/09 MD MRI second opinion report, 8/4/08 lumbar MRI report, Interim narratives 9/4/08 to 9/28/09 by Therapy, Lumbar examination report 7/8/08 by, handwritten reports by DC 7/8/08 to

11/9/09, phases rehab sheet 8/4/08 to 8/14/08, initial eval 6/4/09 by Pain, 4/7/09 RME report, 8/21/08 to 1/23/09 reports by, LLC, 10/31/08 DD report, 12/9/08 and 1/12/09 CMT/ROM report, 12/9/08 and 1/6/09 pain diary reports, scripts by 8/3/10, 11/3/08 FCE report, 1/22/09 carrier selected DWC 69 and report and a 5/11/09 report by DC.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured on xx/xx/xx while employed. The injury occurred while the patient was carrying “a heavy item” when he almost fell. He has elevated blood pressure. Reflexes were only documented on the left side in the report by Dr. at . A 3 cm reduction in circumference of the left calf is noted as well.

A note by Dr. dated 8/16/10 indicates “...had an exacerbation due to a failed home exercise program”. The note by Dr. of 8/3/10 indicates no neurological deficit while the note of 9/7/10 by Dr. indicates a similar finding of no deficit.

The note by Pain of 6/4/09 indicates the patient is 6’ and 253 lbs. while the note of 8/3/10 by Dr. indicates he is 5’6” and 155 lbs. Obviously, there has been a mistake by one of the providers. The vast majority of the providers indicate the patient is 6’ tall; therefore, it is likely that this is the patient’s stature.

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

The reviewer indicates that the notes by Dr. seem to contradict those of Dr.. It is possible that the patient recovered neurologically between the two doctors visits. The ODG indicates that exacerbation treatments are medically necessary to a limited amount of approximately 2 visits. The reviewer notes that the provider did not document exactly what type of exacerbation the patient experienced. This makes it difficult to determine the mechanism of injury and the treatment plan. Therefore, the ODG guidelines are retained as the guideline of choice at this point secondary to no information provided that contradicts its findings. The request for 12 additional physical therapy visits is found to be not medically necessary as it is substantially greater than that allowed by the ODG.

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 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)