

I-Decisions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/05/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Supervised Rehabilitation of 6 sessions with a combo of 4 units (97001 Physical Therapy Evaluation Lumbar/Cervical/Right Knee/Elbow; 97110 Physical Therapy Lumbar/Cervical/Right Knee/Elbow 2xwk x3wks: Combination up to 4 units per session; 97112 Neuromuscular Reeducation Lumbar/Cervical/Right Knee/Elbow; 97140 Manual Therapy Lumbar/Cervical/Right Knee/Elbow)

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines

, 8/25/10, 8/17/10

Surgery Group 9/2/10

Medical Care Center 8/24/10, 8/5/10, 8/10/10

Rehabilitation Medicine and Pain Clinic 7/9/10, 7/27/10, 7/30/10, 8/2/10, 8/4/10
7/19/10

X-Ray 8/12/10

PATIENT CLINICAL HISTORY SUMMARY

This is a woman reportedly injured on xx/xx/xx. She tripped and fell and reportedly injured her cervical and lumbar region, her head, right hip and knee. Ms. saw her at the time of the injury and described cervical and lumbar strains and multiple contusions. Dr. felt the same when he saw her on 7/13/10 as did Dr. on 7/19/10. Dr. prescribed therapy. Her brain CT was reported as normal. She received therapies and there was limited improvement in motion and pain. She then saw Dr. who again noted limited motion. The MRI of the knee showed an effusion, but no internal injury. He prescribed ibuprofen and ordered additional sessions of therapy.

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

This patient had cervical, lumbar, elbow and knee injuries. The ODG allows for a reducing amount of therapies. Cervical, lumbar, elbow and pain and sprains and the knee effusion can be allotted 9-10 therapy sessions. The patient has had just 4 sessions of supervised therapy as of August 4, 2010. Six additional sessions have been requested and this amount does not exceed the amount of therapy recommended in the ODG. Based upon the information provided, the reviewer finds that medical necessity exists for Supervised Rehabilitation of 6 sessions with a combo of 4 units (97001 Physical Therapy Evaluation Lumbar/Cervical/Right

Knee/Elbow; 97110 Physical Therapy Lumbar/Cervical/ Right Knee/Elbow 2xwk x3wks: Combination up to 4 units per session; 97112 Neuromuscular Reeducation Lumbar/Cervical/Right Knee/Elbow; 97140 Manual Therapy Lumbar/Cervical/Right Knee/Elbow).

Physical therapy (PT)-Cervical

Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial"

Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0)

9 visits over 8 weeks

Sprains and strains of neck (ICD9 847.0)

10 visits over 8 weeks

Physical therapy (PT) low back

Recommended. There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain. See also Exercise. Direction from physical and occupational therapy providers can play a role in this, with the evidence supporting active therapy and not extensive use of passive modalities. The most effective strategy may be delivering individually designed exercise programs in a supervised format (for example, home exercises with regular therapist follow-up), encouraging adherence to achieve high dosage, and stretching and muscle- strengthening exercises seem to be the most effective types of exercises for treating chronic low back pain. (Hayden, 2005) ...

ODG Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial"

Lumbar sprains and strains (ICD9 847.2)

10 visits over 8 weeks

Sprains and strains of unspecified parts of back (ICD9 847)

10 visits over 5 weeks.

Lumbago; Backache, unspecified (ICD9 724.2; 724.5)

9 visits over 8 weeks...

Elbow

Physical therapy

Recommended. Limited evidence. As with any treatment, if there is no improvement after 2-3

weeks the protocol may be modified or re-evaluated....

ODG Physical Therapy Guidelines –

General: Up to 3 visits contingent on objective improvement documented (ie. VAS improvement of greater than 4). Further trial visits with fading frequency up to 6 contingent on further objectification of longterm resolution of symptoms, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface

Sprains and strains of elbow and forearm (ICD9 841)

Medical treatment: 9 visits over 8 weeks

Knee

Physical medicine treatment

Recommended. Positive limited evidence.

ODG Physical Medicine Guidelines

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT...

Pain in joint; Effusion of joint (ICD9 719.0; 719.4)

9 visits over 8 weeks

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

ACOEM-AMERICA 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)