

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 08/15/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Is physical therapy 6 visits over 2 weeks for the lumbar spine to include #97010, #97033, #97035, #97032, #97140, #97124, #97530, #97116, and #97113 medically necessary?

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

Texas Board Certified Orthopedic Spine Surgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical notes dated 06/21/2011 through 07/08/2011
2. MRI of the right shoulder dated 06/20/2011
3. Previous utilization reviews dated 07/18/2011 and 07/21/2011.
4. ***Official Disability Guidelines***

PATIENT CLINICAL HISTORY (SUMMARY):

The patient is a male who sustained injury to the right shoulder.

The MRI dated 06/20/2011 revealed a partial tear of the supraspinatus tendon.

The clinical note dated 07/01/2011 detailed the patient complaining of tail bone pain. The patient rated his pain as 5/10. The patient was noted to have undergone physical

therapy. The patient was able to demonstrate 50% of normal flexion, 40% of extension, and 60% of bilateral lateral flexion. Reflexes were noted to be intact and the patient was able to demonstrate strength that was noted to be within normal limits.

The clinical note dated 07/08/2011 detailed the patient utilizing pharmacological interventions for ongoing pain relief. The patient was noted to have completed six physical therapy sessions to date.

The utilization review dated 07/18/2011 detailed a request for six physical therapy visits over two weeks for the lumbar region to include nine modalities.

The utilization review dated 07/21/2011 detailed the second request for six physical therapy visits over two weeks to include nine modalities.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.
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The documentation submitted for review elaborates the patient complaining of ongoing low back pain. Evidence-based guidelines recommend 10 physical therapy sessions for an injury of this nature. The previous requests for additional physical therapy resulted in denials secondary to the excessive nature of the request, regarding both the number of sessions requested on top of the previously completed physical therapy as well as the number of modalities requested as no more than four modalities were to be completed in any one physical therapy session. Given the excessive nature regarding the number of sessions as well as the number of modalities, the decision for additional for physical therapy is rendered as not medically necessary.

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

Reference: Official Disability Guidelines, Shoulder chapter, Online Version:

Physical therapy (PT)

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