

# **INDEPENDENT REVIEWERS OF TEXAS, INC.**

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 12/07/11

**IRO CASE NO.:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Item in dispute: Physical therapy 3 x a week for 3 weeks  
97002 97035 97110 97535

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

Texas Board Certified Orthopedic 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 08/30/11 through 11/01/11
2. Prior reviews dated 10/14/11 and 11/10/2011
3. Cover sheet and other working documents
4. ***Official Disability Guidelines***

**PATIENT CLINICAL HISTORY (SUMMARY):**

According to the clinical note dated 08/30/11, the employee is a male who was involved in a motor vehicle accident. The employee was noted to have an antalgic gait pattern on the right side; otherwise, the remainder of his physical examination was within normal limits. The clinical note indicated the employee had a CT of the cervical spine on 08/24/11 which demonstrated no fractures. The employee was referred to physical therapy for range of motion and strengthening exercises.

The clinical note dated 11/01/11 indicated the employee had bilateral lumbar spine pain rated at a 4/10. The employee indicated the pain was intermittent and radiated to the

right leg. The employee described the pain as deep, dull, superficial and throbbing. The clinical note indicated the employee had mild improvement noted with associated symptoms to include difficulty initiating sleep, joint instability, joint locking, joint stiffness, limping, muscle stiffness, nocturnal pain, swelling, tenderness, and tingling. The clinical

note indicated the employee reported therapy did help, and the pain was noted as better with medication. Physical examination of the lumbar spine revealed an antalgic gait. The current request was noted to have been denied on 10/14/2011 due to lack of clinical information, including physician's notes, subjective complaints, objective examination findings, treatment to date, and response to treatment.

The request was noted to have been denied on 11/10/11 due to the employee having twelve physical therapy treatment sessions approved to date, and the documentation provided did not include supporting clinical history or current medical examination. The request was denied due to failure to meet **Official Disability Guidelines** criteria for supportive objective documentation.

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

According to the documentation provided for review, the employee was noted to have been previously denied for physical therapy two times a week times four weeks and MRI due to lack of clinical documentation provided to include objective examination findings. The employee was noted to have reported physical therapy and medication helped with pain. The employee was noted to have improvement in pain. According to the prior review, the employee is noted to have been approved for twelve physical therapy treatment sessions to date. Given the documentation provided indicated the employee had previously approved for twelve physical therapy sessions to date, and the employee was noted to have improvement in pain with prior physical therapy and medications, there is lack of documentation provided to support medical necessity for Physical Therapy. Furthermore, there is lack of documentation provided indicating the employee has clinical symptomatology including radiculopathy or severe or progressive neurologic deficit that would require a MRI and the documentation provided lacks evidence indicating the employee has undergone plain film x-rays.

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

**Official Disability Guidelines**, Low Back Chapter

Physical therapy (PT) - Recommended

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.

Lumbar sprains and strains (ICD9 847.2):

10 visits over 8 weeks

MRIs (magnetic resonance imaging) - Recommended for indications below

Indications for imaging -- Magnetic resonance imaging:

- Thoracic spine trauma: with neurological deficit

- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)
- Uncomplicated low back pain, suspicion of cancer, infection, other “red flags”
- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit.
- Uncomplicated low back pain, prior lumbar surgery
- Uncomplicated low back pain, cauda equina syndrome