

MAXIMUS Federal Services, Inc.
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Notice of Independent Review Decision

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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: November 30, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 sessions of active physical therapy, CPT 97110, 97112, 97140.

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

M.D., Board Certified in Physical Medicine & Rehabilitation.

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 requested 12 sessions of active physical therapy, CPT 97110, 97112, 97140, are not medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 11/10/11.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 11/15/11.
3. Notice of Assignment of Independent Review Organization dated 11/15/11.
4. Letter from MD dated 11/17/11.
5. MRI of the lumbar spine dated 6/24/10.
6. X-rays of the facial bones dated 5/14/09.
7. Medical records from MD dated 10/13/11.
8. Medical records from MD dated 5/11/11, 6/13/11, 7/22/11, 8/30/11, 10/04/11, and 10/20/11.
9. Letter from dated 11/18/11.
10. Texas Department of Insurance report of medical evaluation dated 10/18/11.
11. Designated Doctor Examination completed by MD on 10/18/11.
12. Texas Workers' Compensation Work Status Reports dated 5/11/09, 5/27/09, 6/30/09, 9/25/09, 11/02/09, 12/07/09, 1/04/10, 2/26/10, 7/21/10, 5/01/11, 6/13/11, 7/22/11, 8/30/11 and 10/04/11.
13. Prescriptions from MD dated 6/13/11, 7/22/11, 8/31/11, and 10/04/11.
14. Medical records from MD dated 5/11/09, 5/20/09, 5/27/09, 6/30/09, 9/25/09, 11/02/09, 12/07/09, 1/04/10, 2/26/10 and 7/21/10.
15. Medical records from Medical Center Emergency Department dated xx/xx/xx.
16. Radiology report from DC dated 5/11/09.
17. Progress notes from DC dated 5/14/09, 5/15/09, 5/18/09, 5/20/09, 5/22/09, 5/26/09, 5/28/09, 5/29/09, 6/01/09, 6/03/09, 6/08/09, and 6/10/09.
18. Letter from dated 7/16/09.
19. Letter from dated 11/15/11.
20. Denial documentation.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx when he was, causing him to fall backward. MRI of the lumbar spine was performed on 6/24/10 and revealed mild congenital narrowing of the lumbar spinal canal, multilevel facet hypertrophy, and foraminal stenosis. On 10/13/11, the patient reported persistent back pain, right shoulder pain and right wrist pain. The patient's diagnoses on this date included status post assault, contusion right shoulder, lumbar spine sprain, lumbar spine muscle spasm, right elbow sprain and right wrist sprain. On this date, the provider recommended physical therapy to normalize function throughout the right upper extremity and resolve lumbar spine muscle spasm. Coverage for 12 sessions of active physical therapy, CPT 97110, 97112, 97140, has been requested.

The URA indicated that the patient did not meet Official Disability Guidelines (ODG) criteria for the requested therapy. Specifically, the URA's initial denial stated that the patient did not seek any care for two years. The URA noted that Dr. did not report any of the significant symptoms used for justifying this request. On appeal, the URA indicated that the claims of ongoing lumbar and wrist pain for greater than two years are not supported by the clinical information. The URA noted that the patient apparently did not seek medical attention during that time, and there is no evidence of new injury. Per the URA, the request for 12 sessions of active physical therapy exceeds ODG recommendations.

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

As per ODG criteria for lumbar sprain and shoulder sprain, physical therapy is most helpful in the initial treatment of an acute injury. According to ODG, the evidence supports "benefit from early use of aggressive physical therapy..." This patient was injured over two years ago. Physical therapy treatment at this late date for an injury is not likely to provide any relief of his pain or improve his function and is not consistent with ODG. All told, 12 sessions of active physical therapy are not medically necessary in this patient's case.

Therefore, I have determined the requested 12 sessions of active physical therapy, CPT 97110, 97112, 97140, are not medically necessary for treatment of the patient's medical condition.

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)