



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 1/31/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 12 outpatient physical therapy visits (97110, 97112, 97140, 97530 and 97116)

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 level 3 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 12 outpatient physical therapy visits (97116)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of 12 outpatient physical therapy visits (97110, 97112, 97140 and 97530)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
The patient/.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from The patient/ 12/1/10 notes by PA-C, 12/1/09 to 10/8/10 notes by MD, 9/10/09 lumbar MRI report, 7/31/09 operative report, 10/13/10 operative report, 10/13/10 short stay history and physical report, 10/7/10 specimen results by Medical, 10/7/10 radiographic report of chest,

10/7/10 ECG report, 1/17/11 letter by, 11/24/10 request for records by, pgs 2-7 of 9/16/09 report, Med Center chart abstract 2/14/10, 2/15/10 discharge summary, history and physical notes 2/14/10, consult note (blank), procedure note (blank), all notes (not apparently dated), ED records 2/14/10 to 2/15/10, clinical lab results 2/14/10 to 2/15/10, radiology results 2/14/10 and UTSWMC cardiac results (blank).

1/13/11 letter by 12/28/10 denial letter, 12/29/10 letter acknowledging a request for reconsideration, 12/30/10 denial letter, 12/28/10 physician review recommendation by DC, 12/30/10 physician review recommendation by DC, 12/20/10 preauth request by Professional Assoc. 12/17/10 PPE/ROM report, 9/21/10 pain management follow up report, 12/6/10 physician review recommendation by Dr. and 12/27/10 appeal of preauth request letter by DDPA.

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

PATIENT CLINICAL HISTORY [SUMMARY]:

The records indicate that this case involves a male who was injured in xx/xx when he fell from a truck when the door broke. It appears that he fell to the ground striking his right hip and fracturing his right 5th digit. He measures 6'5" and weighs 265 according to the records provided.

The operative report of 7/31/09 indicates a L4 and L5 transforaminal ESI was performed by Dr.. An MRI in September of 2009 indicates a L4/5 disc extrusion (possibly calcified) and DDD at L5/S1. He was admitted to Medical Center in February of 2010 for severe back pain. A note by Dr. indicates the patient has performed between 20 and 30 presurgical PT visits. The patient underwent a surgical procedure on 10/13/10 consisting of a hemilaminectomy at L4/5 on the right side by DO.

The December 2010 note by PA indicates the patient is 70% improved and notes negative SLR, decreased ROM (not fully described), 4/5 muscle strength and neurologically intact. She recommends PT.

The PPE/ROM report of 12/17/10 notes a 2005 injury date as opposed to the indicated 2009 occurrence. This is taken to be a typographical error. This report indicates between a 13% and a 21% improvement in Rom from 12/1/10 to 12/17/10. The preauth request by Dr. states that the patient has had 6 post surgical visits at the time of 12/20/10.

A decision by Dr. approved 6 visits of post surgical rehabilitation on 12/6/10. Further rehabilitative visits were requested and denied by Drs. and. Dr. opines that a modification was offered in the amount of 10 sessions of PT but was refused by the treating doctor. Dr. opines that 10 sessions would be warranted but 12 sessions would be outside of the ODG.

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

The ODG notes under post-surgical rehabilitation, “A recent Cochrane review concluded that exercise programs starting 4-6 weeks post-surgery seem to lead to a faster decrease in pain and disability than no treatment”. This patient started his rehabilitative program within this time frame. He has had significant improvement in the initial six visits of PT. It is true that the ODG recommends a total of 16 visits of PT for this type of surgery. However, this is for the average patient in a set of high quality research studies. This gentleman is 6’5 and weighs greater than 250 lbs. This is certainly not the average American. His injury has existed for approximately 1.5 years with little improvement until the surgical procedure and post surgical rehabilitation. The ODG states “(6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted.”

It also states “Physical medicine treatment (including PT, OT and chiropractic care) should be an option when there is evidence of a musculoskeletal or neurologic condition that is associated with functional limitations; the functional limitations are likely to respond to skilled physical medicine treatment (e.g., fusion of an ankle would result in loss of ROM but this loss would not respond to PT, though there may be PT needs for gait training, etc.); care is active and includes a home exercise program; & the patient is compliant with care and makes significant functional gains with treatment. “ This patient appears to meet this indication as well according to the records provided.

The provider is requesting 12 outpatient physical therapy visits consisting of 97110, 97112, 97140, 97530 and 97116. All of the requested procedures are approved with the exception of 97116. A gait disturbance is not noted in the office notes provided; therefore, this procedure is not medically necessary.

The reviewer notes that one must recall that this request is only stepping “outside” the ODG guidelines by 2 visits. The patient is improving with the post surgical program, he has exceptional factors that should be considered and he will likely continue to improve. Therefore, the requested therapy program is approved as medically necessary at this time with the above mentioned modification.

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)