

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

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 10/10/11

**IRO CASE NO.:**

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

Item in dispute:

97110 Therapeutic Exercise 09/18/11-09/15/11

97140 Manual therapy techniques; ea. 15 min 09/08/11-09/15/11

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

Texas Board Certified Chiropractor

**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. 06/07/11 Imaging Services
2. 07/29/11
3. 08/10/11 progress note
4. 08/26/11, 09/06/11 Injury Center
5. 08/30/11 CT Left leg without contrast
6. 09/1/11-09/15/11 Adverse Determination Letter
7. ***Official Disability Guidelines***

**PATIENT CLINICAL HISTORY (SUMMARY):**

The patient is a female whose date of injury is xx/xx/xxxx. On this date the patient was bitten by a spider on her left lower leg while at work. She felt severe pain and noted swelling to the leg.

Initial consultation dated 08/26/11 indicates that the patient is suffering from weakness in the left lower leg and moderate sensitivity. She states that she is experiencing shooting pains going from the calf to the foot and if she turns the leg the pain shoots up the leg. Visual inspection of the left lower leg reveals a healing bull's eye spider bite with mild discoloration. On physical examination patellar and Achilles reflexes are diminished bilaterally. There is hypoesthesia in the L5, S1 dermatomal region on the left. Right calf maximum girth is 50 cm and left is 49 cm. Thompson's squeeze test is painful but negative. Tinel's at the ankle is negative. McMurray's, varus and valgus testing is negative. Left knee range of motion is 0-120 degrees. Left ankle range of motion is plantar flexion 40, dorsiflexion 10, eversion 20 and inversion 40 degrees. CT of the left leg dated 08/30/11 revealed mild subcutaneous soft tissue edema at the anterior aspect of the leg overlapping the proximal tibial shaft with associated small soft tissue calcification. The patient was recommended for a course of physical therapy.

Initial request for therapeutic exercise and manual therapy techniques was non-certified on 09/01/11 noting that range of motion is full with no impairment. The available literature has no mention of PT as a treatment for spider bites. The denial was upheld on appeal dated 09/15/11 noting that the records provide does not address how remote spider bite has resulted in current clinical presentation. There is no diagnosis for which physical therapy would be indicated.

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

Based on the clinical information provided, the request for Therapeutic exercise and manual therapy techniques is not recommended as medically necessary. The patient sustained a spider bite on xx/xx/xxxx. There is no clear rationale provided to support a course of physical therapy for this type of injury, and no diagnosis for which physical therapy would be indicated is documented in the submitted records. Although the ***Official Disability Guidelines*** do not address treatment of spider bites, the available reference material does not mention physical therapy as a treatment for spider bites.

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

References: ODG does not address spider bites

Vanderbilt University, Department of Medicine: Clinical Programs: Special Clinical Programs: Brown recluse spider bites

Reported systemic effects of brown recluse spider bites include fever to 40C, nausea, vomiting, chills, arthralgias, myalgias, weakness, malaise and headache. A generalized pruritic macular eruption (toxic erythema) occurs approximately 48 hours after the initial bite. Mild leukocytosis is a common laboratory abnormality. More severe systemic side effects rarely occur, but are more common in children and in the first 72 hours of the bite. These are usually related to hemolysis and include anemia, thrombocytopenia, DIC, renal failure convulsions and death.