

# Clear Resolutions Inc.

An Independent Review Organization  
6800 W. Gate Blvd., #132-323  
Austin, TX 78745  
Phone: (512) 879-6370  
Fax: (512) 519-7316  
Email: resolutions.manager@cri-iro.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Sep/22/2011

**IRO CASE #:**

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

9 physical therapy visits to the lumbar spine over 3 weeks CPT codes #97010, #97140, #97035, #97110, #97530, #97116

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

M.D., Board Certified Orthopedic Surgeon

**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 finds there is a medical necessity for 9 physical therapy visits to the lumbar spine over 3 weeks CPT codes #94140, #97110, and #97530. The reviewer finds there is not a medical necessity for 9 physical therapy visits to the lumbar spine over 3 weeks CPT codes #97010, #97035, and #97116.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Official Disability Guidelines  
Request for IRO 09/01/11  
Request for IRO 08/31/11  
Utilization review determination 08/26/11  
Utilization review determination 08/31/11  
Clinical note Dr. 08/11/11  
Physical therapy evaluation 08/18/11  
Fax cover sheet 08/23/11  
Physical therapy referral 08/18/11  
Fax cover sheet 08/29/11, 9/21/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who is reported to have sustained work related injuries on xx/xx/xxxx. It is reported that she developed low back pain as with radiation into her right buttock and right lower extremity as a result of bending over and picking up three towels. She has undergone x-rays. She is reported to have not undergone MRI. She has not had a course of physical therapy, chiropractic adjustments, massage therapy, epidural steroid injections or surgical intervention. She has continued working however she has changed her jobs where she is not required to lift. Her pain is exacerbated by standing walking and bending forward. She is using ibuprofen on an occasional basis to help with her pain. She is 5'4" tall, and she weighs 140 pounds. She has no pain or tenderness to the cervical thoracic or thoracolumbar spine. She has some pain with palpation of the lumbar lumbosacral and sacroiliac areas. Range of motion of the lumbar spine is limited in all planes. She is able to heel toe walk without difficulty has 5/5 strength in the bilateral lower extremities deep tendon

reflexes are 1/4 and symmetric straight leg raise is negative bilaterally. Radiographs of the lumbar spine note some narrowing at L4-5 she has a slight scoliosis at that level. She is recommended to undergo a course of physical therapy. On 08/18/11 the claimant underwent physical therapy evaluation by PT. On examination gait was normal. She has no problems ascending or descending stairs she has some tenderness at the right PSIS and LS and PVMs. Lumbar range of motion is mildly reduced. She has 4-/5 strength in the bilateral lower extremities. Patellar reflexes are 2+ and symmetric.

Her lower extremity reflexes are 2+ and symmetric. Straight leg raise was negative. Physical therapy two to three times a week for four weeks was requested. On 08/26/11, a peer reviewer denied the request noting the ODG guidelines recommend up to 10 visits over 8 weeks and do not support passive modalities as requested. She notes that hot and cold packs are not available. Gait training is not recommended. Ultrasound therapeutic is not recommended. The subsequent appeal was reviewed on 08/31/11, by peer reviewer who noted that the ODG guidelines recommend up to 9 sessions of physical therapy for this injury and that ODG recommends no more than 4 modalities in total and does not recommend passive modalities. He noted the request is for 6 modalities, which include passive modalities, and therefore, the documentation provided does not support medical necessity.

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

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be partially overturned. The submitted clinical records indicate the claimant sustained a lumbar myofascial strain to lumbar spine as result of lifting while at work. The submitted clinical records indicate the claimant has had no conservative treatment to date. She has subsequently been referred by her treating provider for physical therapy. The request as presented by Dr. is outside ODG guidelines in that ODG allows for 9 sessions of physical therapy without passive modalities. Based on the current evidence based guidelines, the reviewer finds there is a medical necessity for 9 physical therapy visits to the lumbar spine over 3 weeks CPT codes #94140, #97110, and #97530. The reviewer finds there is not a medical necessity for 9 physical therapy visits to the lumbar spine over 3 weeks CPT codes #97010, #97035, and #97116.

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

ACOEM-AMERICA 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)