



MedHealth Review, Inc.  
661 E. Main Street  
Suite 200-305  
Midlothian, TX 76065  
Ph 972-921-9094  
Fax 972-775-6056

## Notice of Independent Review Decision

**DATE OF REVIEW:** 12/23/11

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of physical therapy at three (3) times a week for four (4) weeks, for a total of twelve (12) visits, to include CPT codes 97001, 97002, 97112, 97110, and 97530.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. 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 physical therapy at three (3) times a week for four (4) weeks, for a total of twelve (12) visits, to include CPT codes 97001, 97002, 97112, 97110, and 97530.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: 12/7/11 letter by, 11/21/11 initial examination from, 11/21/11 therapy treatment order, various DWC 73 reports, 8/19/11 operative report, 8/31/11 DWC 69 and report by, 10/4/11 follow up report by, 8/19/11 EKG report, 8/19/11 report by and 9/1/11 post procedure visit note by.

11/8/11 non-certification letter.

12/1/11 non-certification letter, 11/2/11 office visit notes by, 11/28/11 letter by, copy of rule 134.600, 11/8/11 fax sheet from, undated script for, 3/22/11 note by, copy of patient's driver's license and 4/22/11 operative report.

12/1/10 to 12/29/10 re-evaluation reports, exercise flow sheet 10/19/10 to 12/29/10, 11/9/10 to 12/29/10 Oswestry reports, Hope daily notes 10/25/10 to 12/22/10 and 11/9/10 progress report.

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

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant fell thru a floor and ultimately was treated with a decompression and PLIF on 9/30/10. He is also status post arthroscopic partial medial meniscal debridement and patella chondroplasty on 11/17/10. Radiofrequency rhizotomy was performed on 8/19/11 at the L4 and L5 levels. On the 11/21/11 exam, the claimant was noted to have severe tenderness, spasm and decreased motion of the lumbar spine. There was mild tenderness and full left knee motion. Ankle strength was 4/5 with a paresthesias noted in the left L4 and L5 distribution. The 8/31/11 dated designated doctor evaluation anticipated MMI by late October, 2011. PT was considered by the attending physician. Hope PT records from 2010 forward were reviewed. Denial letters noted the lack of prior therapy records and/or current therapy goals and body areas of consideration.

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

A valid rationale has not been submitted that identifies as to why remaining rehabilitation could not be provided within the context of a prescribed and self-administered rehab program, as per ODG criteria for therapy. Specific goals of the proposed therapy were also not provided, further evidencing the lack of indication for formal supervised therapy.

Reference: ODG Lumbar spine, knee and ankle chapters regarding therapy.  
Lumbar Spine ODG Physical Therapy Guidelines –

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. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial".

Lumbar sprains and strains (ICD9 847.2):

10 visits over 8 weeks

Sprains and strains of unspecified parts of back (ICD9 847):

10 visits over 5 weeks

Sprains and strains of sacroiliac region (ICD9 846):

Medical treatment: 10 visits over 8 weeks

Lumbago; Backache, unspecified (ICD9 724.2; 724.5):

9 visits over 8 weeks

Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8):

Medical treatment: 10 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks

Post-surgical treatment (arthroplasty): 26 visits over 16 weeks

Post-surgical treatment (fusion, after graft maturity): 34 visits over 16 weeks

Knee ODG Physical Medicine Guidelines –

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.

Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5):

Medical treatment: 9 visits over 8 weeks

Post-surgical (Meniscectomy): 12 visits over 12 weeks

Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2):

Medical treatment: 12 visits over 8 weeks

Post-surgical (ACL repair): 24 visits over 16 weeks

Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis

9 visits over 8 weeks

Post-surgical: 12 visits over 12 weeks

Pain in joint; Effusion of joint (ICD9 719.0; 719.4):

9 visits over 8 weeks

Arthritis (Arthropathy, unspecified) (ICD9 716.9):

Medical treatment: 9 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks

Ankle ODG Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.

Ankle/foot Sprain (ICD9 845):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 34 visits over 16 weeks

Enthesopathy of ankle and tarsus (ICD9 726.7):

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

Achilles bursitis or tendonitis (ICD9 726.71):

Medical treatment: 9 visits over 5 weeks

Based upon the records submitted, the reviewer indicates that ODG criteria for the requested service are not met. Therefore, the requested service is found to be not medically necessary at this time.

**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)