

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: JUNE 4, 2012

IRO CASE #: xxxxxx

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Physical therapy sessions, 12 units (97110, 97140)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
724.4	97110		Prosp	12					Upheld
724.4	97140		Prosp	12					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-19 pages

Respondent records- a total of 25 pages of records received to include but not limited to:

xxxxx letters 4.5.12, 4.23.12; xxxxx notes 2.9.12-4.19.12; Physical Therapy Re-Evaluation 4.13.12; Solutions report 4.4.12, 4.23.12; xxxxx script 2.1.12

Requestor records- a total of 4 pages of records received to include but not limited to: TDI letter 5.14.12; Patient information; Dr. note 5.17.12

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with xxxxxx reconsideration for 12 sessions of therapeutic exercises and 12 sessions of manual therapy. This request for reconsideration was not certified. It was noted that the injured employee had already completed ten sessions of physical therapy. There was improvement with both the cervical and lumbar range of motion. It was noted that there was no clear clinical evidence provided to suggest a need for this additional therapeutic intervention.

The xxxxx physical therapy reevaluation noted that the injured employee was feeling better after her treatments. Ms. was able to do more activities at home and work and was improving. It was also noted however, that the pain levels were unchanged with rest or with activity.

The xxxxx physical therapy progress note reported an increased level of pain. While noting there were no new complaints, the utility of the treatment to date had not been objectified.

The xxxxx follow-up evaluation with Dr. noted that the injured employee was working light duty and had limited improvement in her symptoms. The clinical impression was cervical radiculopathy, lumbar radiculopathy, cervical sprain/strain and lumbar sprain/strain. Enhanced imaging of the lumbar spine was sought. It was felt that additional physical therapy would be prudent; however, there is a bit of a misnomer as it was reported that no physical therapy had been completed when in fact multiple sessions had been delivered.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines, when noting the parameters and diagnosis made, the care rendered meets the optimum treatment outlined within the Official Disability Guidelines. Specifically:

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](#), including assessment after a "six-visit clinical trial".

Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0):

9 visits over 8 weeks

Sprains and strains of neck (ICD9 847.0):

10 visits over 8 weeks

Therefore, without the benefit of enhanced imaging studies, and noting the physical examination findings reported, as well as the physical therapy modalities already delivered, there is no clear clinical indication to pursuing additional physical therapy based on the data presented.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES