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Notice of Independent Review Decision

September 17, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy three times a week for six weeks for the right hip and lumbar spine (97530, 97110, 97112, 97140, 97113, 97116, 97035, 97014, 97150)

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

Board Certified Physical Medicine and Rehabilitation.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

TDI

- Utilization reviews (07/13/12, 08/15/12)

Health Care

- Diagnostics (06/02/12)

- Office visits (06/11/12 - 07/24/12)
- Therapy (06/12/12 – 07/02/12)
- Peer Review (07/05/12)
- Utilization reviews (07/13/12, 08/15/12)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured on XX/XX/XX. He slipped and fell back onto his back and injured his low back and right hip.

On June 2, 2012, the patient underwent computerized tomography (CT) of the pelvis at Medical Center. The study revealed old bilateral L5 spondylolysis; mild degenerative changes at the acetabular joints bilaterally. There was a subtle density in the right inguinal canal measuring 10-12 mm which was suggestive of a tiny amount of fluid, possible from trauma or potentially changes from previous right inguinal hernia repair.

X-rays of the lumbar spine showed spurring at L4 involving the superior endplate and L5 involving the inferior endplate and questionable spondylolysis versus facet arthropathy at L5. There was mild L4-L5 facet arthritis.

X-rays of the right hip showed spurs at the lateral acetabular roof. The inferior pubic ramus showed some sclerosis and slight irregularity on the right and an occult fracture in that area which could not be excluded.

X-rays of the pelvis showed subtle irregularity overlying the inferior pubic ramus on the right possibly related to the old trauma, normal old synchondrosis, or acute fracture. There was small spur at the lateral acetabular roof.

On June 11, 2012, the patient was seen at Emergency Center for follow-up on low back pain and right side pain. The patient had trouble walking in the morning. He reported lost feeling in both legs. The attending physician recommended physical therapy (PT).

The patient underwent PT evaluation. Per records dated July 2, 2012, the patient had completed 10 sessions of therapy out of the 14 approved sessions consisting of aquatic exercise and modalities for pain. The therapist noted he had experienced some reduction in symptoms; however, remained guarded with all movements and reported increased pain with activities and movements. The plan was to continue with aquatic exercises.

On July 3, 2012, the patient was seen at Emergency Center for follow-up on back pain. The patient reported that PT had helped in pain relief. The attending physician prescribed Cymbalta and referred the patient to Dr..

On July 5, 2012, M.D., performed a peer review and rendered the following opinions: (1) The patient had slipped, fell, and injured his low back. (2) The patient had sustained a lumbar strain. (3) Magnetic resonance imaging (MRI) of the lumbar spine performed on June 15, 2012, showed degenerative changes throughout the lumbar spine discs as well as facet joints. (4) There was no aggravation of these degenerative changes. (5) Ongoing complaints were related to the injury of XX/XX/XX. (6) Short-term treatment of the injured body parts would consist of PT, activity modification and medications. Long-term treatment would include a self-directed home exercise program (HEP). (7) There was no evidence of worsening of the original underlying condition.

On July 11, 2012, D.C., evaluated the patient for low back, right hip and mid-back pain. Examination showed tenderness of the right upper gluteal area and reduced flexion, extension and lateral flexion bilaterally. Dr. assessed lumbosacral sprain/strain and right hip contusion, recommended treatment with hot packs, electrical stimulation, therapeutic exercises, manipulation and myofascial release.

Per utilization review dated July 13, 2012, the request for PT was denied with the following rationale: *“As per the latest PT progress note dated July 6, 2012, the patient had mild pain after sitting for approximately 30 minutes. No physical examination was provided in the latest medical report. This is a request for Physical Therapy visits for the right hip and lumbar spine three times a week for six weeks. It was reported that the patient has been previously authorized 14 sessions of PT, which were in excess of the guidelines' recommendation of no more than 12 visits over eight weeks. Transition to self-directed home exercises was not documented given the duration of the previous PT. Exceptional factors to justify the additional sessions as well as updated short-term and long-term goals were not indicated. Hence, the medical necessity of the request has not been established.”*

On July 23, 2012, the patient was seen at Emergency Center for follow-up on his low back pain. The patient reported he was feeling better with no pain. He was requesting a medical release in order to go back to work. The attending physician recommended continuing Cymbalta.

On July 24, 2012, a reconsideration request was submitted for the PT.

Per reconsideration review dated August 15, 2012, the request for PT was denied with the following rationale: *“The medical records including the latest medical report contained illegible notes that might carry important information that was made unavailable due to its incomprehensibility. The patient sustained an injury on XX/XX/XX. According to the latest medical report dated July 23, 2012, the patient is currently feeling better and experiencing no pain. The rest of the report*

was illegible. The patient was previously authorized 14 sessions of physical therapy. This is an appeal request for the medical necessity of physical therapy three times a week for six weeks for the right hip and lumbar spine. The previous request was non-certified because the previously completed visits already exceeded guideline recommendations, transition to HEP was not documented, and updated treatment goals were not specified. Updated documentation submitted for this appeal still did not address the aforementioned concerns. Exceptional indications that may justify the need for an excessive number of physical therapy visits were not reported. Progression, compliance and objective response to HEP was still not documented. Updated, specific and time-bound treatment goals were still not delineated. Furthermore, the latest medical report indicated that the patient is currently doing better. Considering the substantial amount of physical therapy sessions already completed and the significant improvements already achieved, there is no indication that the patient's remaining deficits cannot be addressed by complying to a focused and structured home program at this point. These issues were discussed with Dr. and she did not have additional rationale for facility-based PT this far in excess of guidelines. Based on these grounds, the medical necessity of this request is not substantiated, and the previous non-certification is upheld."

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

Treatment notes available indicate injured worker has undergone extensive formalized therapy with no discussion regarding injured worker incapable of utilizing a HEP. The treatment notes indicate injured worker has stated his condition has improved without associated utilization of a HEP of which may further improve his subjective complaints. Documentation does not reveal objective exam findings since 23 JUL12 to support the need of additional therapy over the use of a daily HEP of which he should have received full instruction for proper use from the previous PT visits. The request exceeds ODG guidelines regarding number of visits.

IRO REVIEWER REPORT TEMPLATE -WC

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES