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Notice of Independent Review Decision

[Date notice sent to all parties]:

12/18/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Physical therapy 12 sessions 2 times a week for 6 weeks.

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

Board Certified Physical Medicine and Rehabilitation Physician

REVIEW OUTCOME: Upheld

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

▩ Upheld (Agree)

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

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who is being recommended for physical therapy for 12 sessions 2 times a week for 6 weeks to include CPT codes 97110 (therapeutic exercise), 97530 (functional training), 97112 (neuromuscular re-education), 97116 (gait training), 97113 (aquatherapy with exercise), 97032 (electrical stimulation, attended), 97035 (ultrasound), 97124 (massage), 97140 (manual therapy), 97150 (family training/education), 97760 (orthotic fitting/training), 97762 (orthotic check out), 97750 (manual muscle testing), 97750 (range of motion measurement).

The clinical note dated 09/08/2014 noted that the patient had a history that included an unknown spinal cord injury to L3-S1 that occurred while lifting a patient at work in xxxx. It was also noted the patient had developed clawing of the right foot with supination and difficulty walking. The patient's pain was rated 6/10. On physical examination, it was noted the patient had an abnormal gait due to weakness in the right leg with associated supination in the right foot. Additionally, it was noted the patient had right toe contractures with clawing, as well as significant atrophy in the lower extremities. Strength was noted to be decrease in the right leg; however, sensation was normal throughout.

The physical therapy monthly summary dated 09/22/2014 noted that the patient had a total

of 8 visits of physical therapy, including initial evaluation. It was noted the patient demonstrated hardware and motivation, and was compliant with attendance. The focus of the patient's therapy had been reducing back pain and lower extremity pain, as well as core/motor extremity strengthening, improving balance, improving tolerances to physical activity. The patient was noted to be experiencing lateral thigh pain, which limited her ability to tolerate long periods of walking. The patient was given nerve glide exercises and reports 0/10 in that area at the time of examination. It was also noted the patient continued to experience low back pain in the lower extremity, as well as cramping.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
According to the Official Disability Guidelines, physical therapy may be recommended for low back pain for up to 9 visits over 8 weeks. The Official Disability Guidelines continue to state that there are a number of overall physical therapy philosophies which may not be specifically mentioned within each guideline, to include: home exercise should be initiated with the first therapy session and must include ongoing assessment and compliance, as well as upgrades to the program; patients should be formally assessed after a 6 visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction prior to continuation of physical therapy; and when treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. Furthermore, the guidelines continue to state that generally, there should be no more than 4 modalities per visit, allowing for the PT visit to focus on those treatments, as well as limiting the total length of each PT visit to 60 minutes, unless additional circumstances exist requiring an extended length of treatment. The request for 12 sessions of physical therapy 2 times a week for 6 weeks is not supported. It was documented that the patient had already attended 8 physical therapy visits; however, there was no documentation provided showing how the patient responded to this treatment. Additionally, the request would exceed the total number of recommended treatment sessions, according to the guidelines, and there is no documentation of exceptional factors that would warrant additional sessions. Furthermore, the request includes 14 modalities. There is a lack of rationale provided as to why the patient would require so many modalities when guidelines typically recommend 4 modalities to allow for more focused physical therapy. Moreover, there was lack of evidence within the documentation that the patient participated in a home exercise program in conjunction with the physical therapy that she already attended. Therefore, the request for 12 sessions of physical therapy 2 times a week for 4 weeks is non-certified.

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

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

IRO REVIEWER REPORT TEMPLATE -WC