



## IMED, INC.

1701 N. Greenville Ave. • Suite 202 • Richardson, Texas 75081  
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584  
e-mail: imeddallas@msn.com

---

### NOTICE OF INDEPENDENT REVIEW DECISION

#### IRO REVIEWER REPORT

**DATE OF REVIEW:** 04/09/07

**IRO CASE NO.:**

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

Denied Services: Continued physical therapy, eighteen (18) sessions.

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

Texas License and currently on TDI DWC ADL.  
Board Certified Neurosurgeon

**REVIEW OUTCOME:**

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

Denial Upheld. Continued physical therapy, eighteen (18) sessions denied.

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

1. Designated Doctor Evaluation by Dr. 07/24/04-01/03/06.
2. Designated Doctor Evaluation by Dr.– 12/16/04.
3. Report of examination from Dr. dated 12/19/05.
4. Operative report dated 04/17/06
5. Physical therapy prescriptions from Dr. 04/21/06-12/28/06.
6. Designated Doctor Evaluation by Dr.– 10/25/06.
7. Medical records from Dr. 11/02/06-02/23/07.
8. Medical records from Physical Therapy – 11/13/06-02/12/07.
9. Designated Doctor Evaluation by Dr. 03/22/07.

**INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):**

The employee is a male who was reported to have sustained an injury to his cervical spine .

The employee was subsequently treated conservatively and was later found to have a significant disc herniation at C6-C7.

The employee was taken to surgery on 12/10/03, and a C6-C7 anterior discectomy with fusion was performed by Dr.. Postoperatively, the employee had continued symptoms and serial studies indicated adjacent segment disease at C5-C6.

This subsequently resulted in a C5-C6 ACDF with revision of hardware on 04/17/06. Postoperatively, the employee was noted initially to do well but was subsequently found to have continued muscle spasms in the upper back radiating into the intrascapular area.

The most recent clinical note submitted by Dr. indicated that the employee continued to experience worsening muscle spasms. He was noted to be improving with cervical range of motion with physical therapy. Therapy was discontinued approximately two weeks earlier secondary to the prescription running out. The employee further reported that he had problems with the ulnar two digits that start just above the olecranon on the left. The employee had been suggested to have cubital tunnel and carpal tunnel syndrome and required further work-up. On physical examination, the employee's incision was well-healed. He had decreased range of motion when bending his hand to the left. He had full strength throughout the bilateral upper extremities. The employee did have tremors that were noted with movements that were of a volitional nature. The employee was reported to be six month status post ACDF with additional problems. The fusion appeared solid on x-rays.

It was recommended the employee have additional physical therapy. The available records provide physical therapy notes that provide limited data regarding the employee's treatment. It was noted that the employee was seen on 11/02/06 and reported to have previous physical therapy.

The employee underwent a physical therapy evaluation on 11/13/06 and was recommended to receive additional physical therapy visits at three times a week. This appeared to have been discontinued on 12/29/06. The records do include a measure of functional outcome. It is noted that the employee's tolerance to work activities nearly doubled between 11/13/06 and 12/20/06. The employee's tolerance to recreational activities improved approximately times four, and tolerance to activities of daily living approximately doubled. This is suggestive that the employee is receiving some benefit from his physical therapy. It is unclear from the available records as to how many visits of physical therapy the employee has received to date. I would note that at the prescribed delivery rate, the employee would have completed at least twenty-four visits by 12/31/06.

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

The available medical records fail to establish exactly how many visits the employee has completed to date. A reasonable estimate based on the prescriptions provided in the available medical records would suggest that the employee has had at least twenty-four visits of physical therapy over an 8 week period. The *Official Disability Guidelines* would support up to thirty-four visits of physical therapy over sixteen weeks for the employee's diagnosis. The employee is status post two operative interventions and would have certainly had extensive physical therapy

with his initial fusion. He has since undergone a second fusion procedure on 04/17/06. The employee is now almost a year out from this second surgery. Given the extensive nature of the employee's previous therapy, one would expect the employee to have advanced to a daily home program. The records indicate that the employee failed to routinely perform an exercise program during the interval period. It is recommended that the employee be referred for a Functional Capacity Evaluation at an independent facility to assess the employee's current work abilities. This potentially could be followed by an abbreviated work conditioning program.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

- A. Theodore Doege, M.D., Thomas Houston, M.D., et al. *The American Medical Association Guidelines to the Evaluation of Permanent Impairment*, 4<sup>th</sup> Edition, 4<sup>th</sup> Printing, October, 1999.
- B. *The American College of Occupational and Environmental Medicine Guidelines*.
- C. *The Official Disability Guidelines*, 11<sup>th</sup> Edition, The Work Loss Data Institute, Accessed: 04/09/07.