



IMED, INC.

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DATE OF REVIEW: 08/14/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: OT/PT fourteen cervical physical therapy sessions over four weeks (5x1/week, then 3x3/weeks.

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 Orthopedic Surgeon

REVIEW OUTCOME:

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

Denial Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. 04/25/07, 05/16/07, 06/15/07 – Dr.
2. 04/27/07 – Center.
3. 05/04/07 – Physical therapy evaluation.
4. 05/31/07 – Center.
5. 05/31/07 – D.C.
6. 06/05/07 – Insurance Carrier.
7. 06/13/07 – Center reconsideration physical therapy preauthorization request.
8. 06/15/07 – Insurance Carrier

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The employee was injured on xx/xx/xx while employed by transferring boxes in a repetitive motion. He felt a pop and snap in his neck and experienced immediate pain going down his left arm. The employee reported left arm numbness and severe neck pain.

Dr. performed a comprehensive history and physical examination on 04/25/07. Dr. reported complaints of left arm numbness and severe neck pain. Dr. reported on the results of an MRI of the cervical spine that revealed a left paracentral protrusion at C3-C4 and a right sided disc

protrusion at C6-C7. The physical examination of the cervical spine noted paravertebral spasming and tenderness. The employee has decreased range of motion in flexion, extension, and rotation, along with cervical myospasms and myositis. There were dysesthesias and numbness in the left upper extremity. There were decreased deep tendon reflexes in the left upper extremity and a superiorly subluxated left first rib.

Dr. obtained an EMG/NCV that revealed compressive process consistent with entrapment at the median, motor, and sensory nerves. The EMG report was not included in the medical records provided.

Dr. reported on 05/16/07, 06/15/07, and 07/05/07 that the employee continued to have severe pain in his neck and both hands. The physical examination was similar to the first examination in April. Dr. had requested physical therapy to treat these symptoms.

The initial preauthorization request was not authorized because the medical documentation submitted failed to meet the *Official Disability Guidelines*.

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

It is my conclusion that this physical therapy should be authorized. This employee specifically meets the guidelines specified for cervical radiculopathy including objective findings of reflex change, sensory change, and positive MRI and EMG findings. The *Official Disability Guidelines* for physical therapy specify that physical therapy is indicated in cervical nerve root compression with radiculopathy. The specification guideline is eight visits over eight weeks. Research shows that for mechanical disorders of the neck, therapeutic exercise has demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. Physical therapy seems to be more effective than general practitioner care on cervical range of motion at short-term follow-up. In a recent high quality study, mobilization appears to be one of the most effective non-invasive interventions for the treatment of both pain and cervical range of motion in the acutely injured patient.

It is my opinion that the request of five visits a week for one week followed by three visits a week for three weeks for a total of fourteen visits is reasonable and the denial is overturned.

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. *Official Disability Guidelines*