

MATUTECH, INC.

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DATE OF REVIEW: JULY 10, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy at health club for 6 months

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

The physician providing this review is board certified. The reviewer has been in active practice for years.

REVIEW OUTCOME

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

X Upheld (Agree)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Office notes (05/20/05 - 06/05/07)
Radiodiagnostics (07/11/02 - 04/23/07)

Office visits (04/10/07 - 06/05/07)
Radiodiagnostics (04/23/07)
Utilization reviews (06/05/07 & 06/12/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was carrying a wooden ladder weighing approximately 60 lbs and was wearing a tool belt weighing approximately 50 lbs when she fell to the ground. She was unable to get out of bed or walk the next day.

In xx/xx/xx, magnetic resonance imaging (MRI) of the lumbar spine was performed (this was compared with previous studies of xx/xx/xx and xx/xx/xx). The MRI revealed increasing disc protrusion in the left lateral recess and foramen at L3-L4 with progressive degenerative disc disease (DDD) at this level. A repeat MRI in December 2004 revealed multilevel spondylosis changes, most pronounced at L2-L3, L3-L4, and L4-L5.

In 2005, M.D., a pain specialist, noted that previously the patient had been treated with therapy and Intradiscal electrothermal therapy (IDET) at L3 and L4. On examination, Dr. noted positive straight leg raise (SLR) and Patrick's tests bilaterally. There was myofascial tenderness over the quadratus lumborum, gluteus maximus, and gluteus medius muscles. As the patient was not ready for surgical intervention, Dr. decided to treat her with injections and physical therapy (PT).

In 2006, MRI of the lumbar spine revealed mild annular bulge at L2-L3; diffuse annular bulge, ligamentum flavum, and facet hypertrophy at L3-L4 causing mild-to-moderate central spinal narrowing and left greater than right lateral recess narrowing; left greater than right neural foraminal narrowing at L3-L4; asymmetric annular bulge causing right greater than left lateral recess narrowing at L4-L5; and right greater than left neural foraminal narrowing at L4-L5. When compared with the MRI of 2004, there was slight progression of the spondylitic disease.

In 2007, Dr. noted that the patient had received two lumbar epidural steroid injections (ESIs) and trigger point injections (TPIs). She was about 60-70% better with these injections. She had also attended a rehabilitation program and had noted significant improvement in her symptoms. Dr. recommended undergoing the third lumbar ESI. In April, Dr. issued a prescription for a health club for six months.

A lumbar discogram demonstrated pain at L4-L5. Post-discogram computerized tomography (CT) revealed findings suggestive of small right posterior paramedian partial-thickness radial tear at L5-S1; DDD at L4-L5 with small contrast collection at the right posterolateral disc margin encroaching on the neural foramina with a possible small disc herniation; and DDD at L3-L4. In May and June, Dr. performed TPIs and prescribed Celebrex.

On xx/xx/xx, M.D., nonauthorized the request for gym membership for six months. Rationale: *The gym membership was not medically necessary for the treatment of patients with any musculoskeletal injury.*

On June 12, 2007, M.D., nonauthorized the request for reconsideration of the gym membership. Rationale: *It was not clear at all that a gym program could really be interpreted to be a medically prescribable treatment. There was an added threat of harm and neglect to a patient when they might still not be 100% and directed to a program where they would work out, often without training, further injuring already damaged or still weakened tissues.*

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

According to the records it has been almost five years since the injury and she has participated in land based therapy and exceeded recommended. Gym membership is not necessary as related to the reported injury. In addition, she could be instructed in a home based program and all exercises performed within her home.

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

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

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**