

MATUTECH, INC.

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DATE OF REVIEW: JULY 31, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Trial of physical therapy for a total of six sessions within a two-week period consisting of 97110 (therapeutic exercises- 4 units) and 97124 (massage therapy – 3 units).

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

The physician providing this review is a Doctor of Chiropractic. The reviewer is certified by the National Board of Chiropractic Examiners. The reviewer has been in active practice for 22 years.

REVIEW OUTCOME

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

Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Office notes (06/11/07 – 06/28/07)
- Utilization reviews (06/19/07 – 07/02/07)

- Office notes (xx/xx/xx – 06/28/07)
- Radiodiagnostic studies (xx/xx/xx – 05/10/07)
- Electrodiagnostic studies (06/12/07)
- Utilization reviews (06/19/07 – 07/02/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a patient who was injured on xx/xx/xx, when she slipped and twisted her right ankle/foot causing her to fall on the right side of her body to the floor.

Following the injury, the patient presented to, D.C., at for pain in her cervical spine, lumbar spine, right shoulder, right elbow, right wrist/hand, right knee, and right ankle. X-rays showed degenerative disc disease (DDD) in the mid cervical spine, DDD at L2-L3 and L5-S1, facet arthrosis in the lower lumbar spine, and sacroiliac (SI) joint degeneration bilaterally. X-rays of right hip suggested early degenerative changes involving the lateral aspect of the right acetabulum. Right ankle x-rays were normal. Right wrist x-rays showed questionable erosive changes involving the radial styloid process. Right elbow x-rays showed enthesopathic changes involving the medial humeral condyle and the medial

epicondyle at the common forearm flexor insertion. Right knee x-rays showed mild degenerative changes involving the retropatellar joint compartment. Right shoulder x-rays showed status post rotator cuff surgery with suspected acromioplasty. Dr. diagnosed sprain/strain of the cervical spine, lumbar spine, right shoulder, right elbow, right wrist/hand, right knee, right ankle and right hip. He recommended a transcutaneous electrical nerve stimulation (TENS) unit and planned physical therapy (PT) consisting of ultrasound, interferential therapy, massage therapy and aquatic therapy. He referred the patient for prescription medications.

In May, magnetic resonance imaging (MRI) of the right knee demonstrated mild degenerative changes in the medial joint space and medial meniscus and chondromalacia of the lateral facet of the patella. Computerized tomography (CT) of the lumbar spine showed minimal disc bulges at L4-L5 and L5-S1 causing slight indentation of the thecal sac and possibly slightly impinging the exiting nerve roots through the lateral recesses. CT of the cervical spine showed small focal disc protrusions or bulges at C4-C5, C5-C6, and C6-C7 causing slight indentation on the thecal sac.

In May, Dr. reported that the patient had undergone eight sessions of PT to her lumbar spine; two sessions of passive therapy and six sessions of active aquatic therapy. Approval had been obtained for a trial of six sessions of land-based therapeutic rehabilitation program and a plan was made to implement the same. Per Dr., a second functional capacity evaluation (FCE) done around May 25, 2007, demonstrated that the patient had not reached her job-required physical demand level (PDL) but she would be capable of working with restrictions.

On June 11, 2007, Dr. evaluated the patient who was taking over-the-counter (OTC) Aleve on an as needed basis. She was also following a home exercise program (HEP) with benefit. Dr. planned another two weeks of therapy. During the same visit it was noted that the patient had been involved in a motor vehicle accident (MVA) on January 3, 2006, for which an MRI of the cervical spine was performed in July 2006 demonstrating tiny focal disc herniations/protrusions centrally at C4-C4 and C5-C6 causing slight indentations of the thecal sac.

Electromyography/nerve conduction velocity (EMG/NCV) study of the right lower extremity demonstrated that although the amplitudes fell within normal limits the amplitudes of peroneal waves were suspiciously low. A comparative study with the contralateral side was recommended.

On June 19, 2007, request for additional six sessions of PT was denied. The rationale provided: *Records indicate the employee has pre-existing conditions relating to her back following a "prior auto accident on February 3, 2006... She had completed 12 sessions of PT as of June 11, 2007... The patient has been referred for additional diagnostic testing (EMG/NCV) which has not yet been completed and pending the results of this study may also be referred for an orthopedic consultation. The employee has already returned to work with restrictions. The requested service exceeds the recommended ODG guidelines.* Dr. submitted a request for reconsideration. It was noted that a required medical examination (RME) had been conducted.

On July 2, 2007, the request for reconsideration was denied. The rationale given stated: *The claimant is 10 weeks status post incident and there is no compelling rationale or red flags that would prevent a HEP at this time... Given the date of injury, the subsequent therapy, and submitted documentation, the claimant should do just as well with an HEP.*

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

THE REQUESTED TREATMENT IN THIS CASE IS PHYSICAL THERAPY CONSISTING OF THERAPEUTIC EXERCISES – 4 UNITS AND MASSAGE THERAPY – 3 UNITS.

FOR THE DIAGNOSED STRAIN/SPRAIN INJURY TO MULTIPLE AREAS, PHYSICAL THERAPY WOULD BE REASONABLE OVER THE DURATION OF 5 TO 6 WEEKS CONSISTING OF 10 SESSIONS BASED ON ODG WEB-BASED TREATMENT GUIDELINES. THAT LEVEL OF CARE APPEARS TO HAVE ALREADY BEEN PROVIDED AND FURTHER TREATMENT CONSISTING OF SUPERVISED ONE-ON-ONE THERAPEUTIC EXERCISES IS NOT REASONABLE OR MEDICALLY NECESSARY. THERE WAS NO OBJECTIVE EVIDENCE OF ACUTE STRUCTURAL ALTERATION AS RELATED TO THE XX/XX/XX SLIP AND FALL THAT WOULD SUPPORT DEVIATION FROM THE GUIDELINE PARAMETERS.

MASSAGE ADDRESSES THE SUPERFICIAL LAYERS OF MUSCLE AND DOES NOT PROVIDE THE NECESSARY THERAPEUTIC EFFECTS TO THE UNDERLYING CAUSE OF THE CLAIMANT'S SUBJECTIVE COMPLAINTS OF PAIN TO SUPPORT THE REQUEST. MASSAGE HAS ANECDOTAL REPORTS OF BENEFIT DURING THE ACUTE PHASE OF CARE – THE INITIAL 4 WEEKS. TREATMENT BEYOND THAT DURATION IS NOT REASONABLE OR MEDICALLY NECESSARY IN THIS CASE.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**