



**DATE OF REVIEW:** 07/22/2007

**IRO CASE #:**

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

The case involves the medical necessity of twelve sessions of physical medicine to the cervical region to include muscle stimulation, neuromuscular re-education, and therapeutic exercises.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C., board certified in Chiropractic Orthopedics, with special training for expertise in Pain Management and Rehabilitation

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. Adverse determination letter with an opinion from IMO Physician Adviser D.C., nonauthorized medical necessity for twelve sessions of physical therapy to the neck, back, and right shoulder. His rationale was that the employee incurred nothing more than a minor soft tissue strain with resultant pain. Sufficient treatment and time had elapsed to have allowed for complete resolution of any injury that may have occurred on 05/23/05, and any subjective complaint at this time and the resultant clinical findings were, in all medical probability, related to the pre-existing condition. This case was discussed in detail with Dr. Adverse determination letter from IMO Physician Adviser D.C., nonauthorized reconsideration for twelve sessions of physical therapy to the cervical region. His rationale was that the request was for twelve sessions of physical therapy to the cervical region. Mechanism of injury was that the claimant was reaching overhead and developed right shoulder and neck. The chief complaint was pain in the bilateral neck and shoulders. An MRI scan done on 08/15/05 showed right-sided disc bulge at C4/C5 touching the anterior cord. There

was a lateral disc protrusion at C5/C6 compromising the right neural foramina in the right lateral recess.

2. The first record provided from Dr. was a request for reconsideration.
3. A note from 08/05 was from M.D. who stated that the patient had failed nonsurgical treatment and, therefore, recommended cervical decompression at C4/C5 and C5/C6 with discectomy and fusion.
4. Other records are prior to that time frame. There is no documentation as to whether the claimant has undergone these recommended surgical procedures. There is no documentation as to whether the claimant has had previous physical therapy, chiropractic, or other lower levels of care. Without this documentation of previous treatment and physical therapy, support is not indicated for the request.
5. A Functional Capacity Evaluation was done on 04/24/07 by D.C. with Back Clinic in. Comments: Her occupation is as a retired teacher currently. Injury is causing pain that interferes with sleep, daily activities, and enjoyment of her retirement. Sedentary PDL is not compatible with her usual ADL around the house. Dr. recommended active rehabilitation. The patient exhibited pain behavior during the interview and appeared to be skeptical about her future recovery. Her pain scale is 8/10. Grip strength is WML but rapid. Grip is erratic and with invalid curves. She can perform all basic postures on a frequent basis and has normal fine motor skills.
6. Report dated 08/31/05 from M.D. to D.C. in the form of a neurosurgical consult. Dr. impression is that the patient has cervical spondylosis and stenosis with superimposed acute radiculopathy. He recommended surgical decompression with C4/C5 and C5/C6 anterior cervical discectomy and fusion.
7. Electrodiagnostic studies on 05/07/07 by M.D. His impression included compression of the median nerve consistent with entrapment and also conduction block at the elbows bilaterally consistent with entrapment and/or trauma at this time, also abnormal EMG findings of the paraspinal muscles at the C5 level consistent with possible radiculopathy. He recommended continued care by Dr. and referral to an orthopedic specialist for consultation.
8. Report from M.D. dated 04/09/07 as a letter of clarification. The letter is for the purpose of answering specific questions regarding a debate on Category II or Category III impairment rating.
9. Letter from Dr. dated 04/09/07 also in regard to the DRE Category for impairment rating. Dr. felt that the patient does have a radiculopathy seen clinically, although it is not substantiated by loss of reflex or muscle atrophy.
10. Letter of clarification from Dr. dated 01/24/07 with further discussion of the appropriate DRE Category for impairment rating. Dr. changed his opinion and impairment rating from 5% to 15% to 7% on various dates.
11. Examination and treatment notes from D.C. dated from 06/29/05 to 12/28/06: radiology report from Dr. dated 06/29/05, cervical spine complete, showed loss of cervical lordosis, degenerative disc disease at C4/C5/C6/C7 with narrowing of the right C5/C6 foramen, subluxation with C4/C5/C6/C7; radiology report from Dr. dated 06/29/05 including a shoulder series on the right, noting mild degenerative changes of the acromioclavicular joint.
12. Impairment rating with DWC-69 dated 11/07/06 from Dr. indicating a 15% impairment and including a detailed impairment rating report. He indicates her

current complaints to be an aching cervical pain and soreness with radiation to the right upper extremity but not past the elbow. In his examination, he notes 4/5 muscle strength of the right biceps, deltoid, and wrist extensors. Sensation was diminished to pinprick along the right deltoid/shoulder, upper arm, forearm, and thumb. No arm or forearm atrophy was noted.

13. Progress note dated 01/05/07 by Dr.
14. Impairment rating report from Dr. dated 12/01/06 stating patient was given a 75 impairment rating. Detailed report was included.
15. Designated Doctor Evaluation from Dr dated 11/29/06 with diagnosis of right cervical radiculopathy secondary to a combination of spondylosis...illegible.
16. MRI scan of the cervical spine report dated 08/15/05 interpreted by M.D. with impression of right-sided disc bulge detected at the C4/C5 level touching the anterior cord and a lateral disc protrusion detected at the C5/C6 level compromising the right neural foramen and right lateral recess.
17. Letter from Dr. dated 03/25/07 responding to a previous letter of clarification.
18. History and physical/consult exam by Dr. dated 06/29/07 for left knee pain. Assessment was left knee pain with possible internal derangement, specifically concern for medial meniscus tear. The doctor arranged to have an MRI scan.
19. Records from M.D., Orthopedic Surgery and Sports Medicine. The doctor gave an opinion that ongoing treatment did not appear to be reasonable and necessary in relation to the compensable injury. His opinion was that she should be transitioned to a home treatment program of stretching and strengthening of the cervical region and right shoulder.

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

The patient is a lady who was injured at work. She was reaching to take down some posters on the wall of her classroom on the last day of classes when she developed pain in the back of her neck, right shoulder, and upper arm. Incidentally, this was her last day to teach prior to retiring. She waited about a month to see if her pain would go away, and then made an appointment to see her treating doctor.

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

Generally in the case of work-related injuries, the treating doctor provides pain-relieving modalities in the acute phase of the injury, i.e., up to about three to four weeks post injury date, then transitions the patient as quickly as possible into active rehabilitation. The purpose of this is to prevent further deconditioning that would preclude a short-term return to work, strengthen and restore function to injured soft tissues and the body as a whole, and instill confidence to the injured worker that he or she can perform the anticipated job duties. A typical rehab program for a strain/sprain of the neck or back would begin within about eight weeks from the onset of the injury and conclude within sixteen weeks from the onset of the injury. In the context of the program, the patient would be instructed in home-based exercise and perhaps modified activities of daily living so as to increase functional abilities. Neuromuscular re-education is a form of physical therapy using a combination of exercises and postural activities to correct muscular imbalances that may have resulted from inactivity, sedentary lifestyle, or

repetitive activity. Specific muscle groups may require “rebalancing” with their antagonist muscle groups that may have become weakened or otherwise mechanically and neurologically inhibited. In this case, however, the patient’s injury occurred nearly two years ago. She had a comprehensive course of chiropractic manipulation, modalities including electrotherapy, and therapeutic exercise. She also had an epidural steroid injection that apparently helped temporarily. Surgical intervention was recommended, but she declined. Recent electrodiagnostic testing suggested multiple nerve entrapment sites at the elbow and wrist as well as paraspinal muscle involvement. However, there is no correlation between the original injury and the current findings. I found no additional history of secondary injury or aggravating factors. Also, I have found nothing in the medical record to show current physical exam findings that would necessitate muscle stimulation, neuromuscular re-education, or rehab in a supervised format. The most recent Functional Capacity Evaluation was done on 04/24/07 with physical findings to include normal posture of the spine, pelvis, and extremities, ability to negotiate basic environment, dynamic balance within normal limits, and neurologically intact relative to reflex status and sensory function. The subjective pain scale is 8/10. Her range of motion is diminished in all planes, and this is considered to be secondary to age-related degenerative change not resulting from the injury. In summary, there is no indication for a formal treatment program to include muscle stimulation, neuromuscular re-education, and rehabilitation at this time.

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

*(Check any of the following that were used in the course of your review.)*

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPR-Agency for Healthcare Research & Quality Guidelines.
- DWC-Division of Workers’ Compensation Policies or Guidelines.
- European Guidelines for Management of Chronic Low Back Pain.
- Interqual Criteria.
- Medical judgement, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)