



## 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

---

**DATE OF REVIEW:** 06/08/07

**IRO CASE NO.:**

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

Items in Dispute: Physical therapy on 05/09/07.

**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

**REVIEW OUTCOME:**

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

Denial Upheld

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

1. Documentation from, M.D., dated 04/02/06.
2. Documentation from Center dated 04/04/06.
3. Documentation from Group dated 04/07/06, 04/10/06, 04/13/06, 04/14/06, 04/28/06, 05/05/06, 05/16/06, 05/19/06, 05/24/06, 06/07/06, 07/28/06, 08/18/06, 12/05/06, 04/09/07, & 05/09/07.
4. Lumbar MRI report dated 04/10/06.
5. M.D., 05/30/06.
6. Electrodiagnostic report dated 05/30/06.
7. MRI, M.D., 06/07/06.
8. Documentation from, M.D., 09/08/06.
9. M.D., 01/08/07.
10. Documentation from, M.D. 04/02/07.
11. Evaluation dated 04/09/07.
12. Documentation from dated 04/13/07 & 05/08/07.

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

The medical records primarily consist of handwritten notes that in some portions were rather illegible.

The medical records available for review document that the employee developed difficulty with low back pain on xx/xx/xx while attempting to pick up a piece of equipment.

The employee was evaluated in an emergency room setting on the date of injury and was diagnosed with a back strain.

The employee was evaluated at the on xx/xx/xx, and it was recommended that the employee receive treatment in the form of physical therapy.

A lumbar MRI was subsequently accomplished on xx/xx/xx, which revealed findings consistent with slight bulging of the L3-L4, L4-L5, and L5-S1 discs without focal disc protrusion.

The employee was reevaluated at the on xx/xx/xx, and it was documented that the employee was on a regimen of Celebrex and Carafate.

On 04/21/06, the employee was reevaluated at the, and it was recommended that the employee discontinue utilization of Celebrex. It was documented that the employee was without symptoms of low back pain unless she extended the low back region.

On 05/19/06, an evaluation at the was accomplished, and there was documentation to indicate that symptoms of low back pain were “completely resolved”.

An electrodiagnostic assessment accomplished on 05/30/06 disclosed findings consistent with a left chronic L5 radiculopathy.

On 09/08/06, the claimant was evaluated by Dr., and it was recommended that a left hip MRI be obtained.

A Designated Doctor Evaluation was conducted on 04/02/07 by Dr., and the claimant was not placed at (MMI). It was anticipated that MMI would be obtained in approximately three months from that date. It was also recommended that consideration should be given for treatment in the form of physical therapy.

A Functional Capacity Evaluation (FCE) was performed on 04/09/07, which revealed that the employee appeared to be capable of medium duty work activities. The FCE appeared to be a valid study.

Documentation from dated 04/13/07 and 05/08/07 was notable for the fact that an electrodiagnostic assessment accomplished on 06/03/06 reportedly revealed findings consistent with a chronic L5 motor radiculopathy. Additionally, an MRI of the left hip was accomplished on 12/04/06, which reportedly revealed evidence for detachment of the labrum with trochanteric bursitis.

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

The available records document that the date of injury is over xxx months in age. The documentation available for review appears to indicate that since the date of injury, the employee has received at least eighteen sessions of supervised therapy. A document from dated 05/09/07 indicated that at least eighteen session of supervised therapy services had been provided to the employee since the date of injury.

The records indicate that there was essentially resolution of low back symptoms by 05/19/06. *Official Disability Guidelines* as well as *ACOEM Guidelines* (Chapter 12) would support that it would be realistic to expect that the employee could be capable of a non-supervised rehabilitation regimen when the employee has received the amount of supervised therapy services previously provided for the described medical situation.

A lumbar MRI accomplished after the date of injury did not reveal any findings worrisome for a compressive lesion upon any of the neural elements in the lumbar spine. The submitted medical documentation does not describe the presence of any neurologic deficits on physical examination. The official electrodiagnostic assessment report was not available for review, but there does appear to be a lack of correlation with regard to electrodiagnostic test results and the lumbar MRI study accomplished on 04/10/06.

At the present time, based upon the available medical records, there would not appear to be a medical necessity for treatment in the form of supervised therapy services. After the date of injury, the claimant received at least eighteen sessions of supervised therapy services, and the above noted references would support an expectation that the claimant could perform a proper non-supervised rehabilitation regimen after receiving that amount of supervised therapy services for the described medical situation.

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*
- B. *ACOEM Guidelines*