



Notice of Independent Review Decision

DATE OF REVIEW: 9/10/07

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the medical appropriateness of the previously denied request for additional six physical therapy sessions for the lumbar spine-three times a week for two weeks.

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

Texas Licensed Physical Medicine and Rehabilitation M.D.

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

The previously denied request for additional six physical therapy sessions for the lumbar spine-three times a week for two weeks.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Request Letter dated 8/31/07.
- Fax Cover Sheet dated 8/31/07, 7/10/07, 5/11/07.
- Notice of Assignment of Independent Review Organization dated 8/30/07.
- Notice to CompPartners, INC. of Case Assignment dated 8/30/07.
- Confirmation of Receipt of Request for Review by an Independent Review Organization (IRO) dated 8/22/07.

- Request Form dated 8/21/07.
- Appeal Letter dated 8/1/07.
- Authorization Request dated 7/24/07, 7/13/07, 7/10/07, 5/11/07.
- Review Summary dated 7/18/07.
- Determination Notification Letter dated 7/18/07.
- Follow-up Visit dated 7/17/07, 4/25/07.
- Prescription dated 7/13/07, 4/28/07, 3/28/07.
- Physical Therapy Daily Progress dated 7/13/07, 5/10/07.
- Patient Face Sheet dated 7/13/07.
- Progress Report dated 6/8/07.
- Review of Medical History and Physical Exam dated 5/31/07.
- Report of Medical Evaluation dated 5/31/07.
- Letter dated 5/14/07.
- Behavioral Medicine Testing Results dated 5/2/07.
- Initial Behavioral Medicine Consultation dated 4/3/07.
- Physical Therapy Evaluation dated 4/3/07.
- History and Physical dated 3/28/07.
- CT of the Cervical Spine dated 3/14/07.
- MRI Scan of the Cervical Spine dated 2/20/07.
- MRI Left Shoulder dated 2/3/07.
- Patient Information Sheet dated (unspecified).
- Patient Providers dated (unspecified).

PATIENT CLINICAL HISTORY [SUMMARY]:

Age:

Gender: Male

Date of Injury:

Mechanism of Injury: Fell down steps.

Diagnosis: 1. Lumbar displaced disk at multiple levels. 2. Bilateral lumbar radiculopathy. 3. Cervical displaced disk at multiple levels. 4. Bilateral cervical radiculopathy. 5. Left rotator cuff tear. 6. Intractable pain.

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

This male sustained industrial musculoskeletal injuries when he fell down some steps,. This resulted in cervical and lumbar spine injuries as well as a left shoulder injury. Since the work injury he has undergone multiple diagnostic imaging studies including following: February 20, 2007, cervical spine MRI scan performed at Radiology demonstrating severe cervical spondylosis most prominent at the C4-C5 and C5-C6 levels with associated spinal cord compression and myelomalacia and/or spinal cord edema. Multilevel neural foraminal narrowing was noted as well. A left shoulder MRI scan, dated February 3, 2007, was limited due to a metallic artifact from prior surgical intervention. The distal supraspinatus and infraspinatus tendons were attenuated if not torn. There is severe muscle atrophy of the teres minor muscle with generalized atrophy

noted involving the supraspinatus and infraspinatus muscles. The humeral head was high-riding. There was moderate glenohumeral osteoarthritis with subchondral cyst formation and osteophytosis, moderate acromioclavicular (AC) joint osteoarthritis is present with obliteration of the subjacent fat plane. On March 14, 2007, the claimant underwent a cervical spine CT scan demonstrating multilevel cervical spondylosis. The claimant has been under the care of Dr. at the injury Treatment Center. The claimant came under the care of Dr. as of March 28, 2007 for management of the industrial musculoskeletal injuries. His initial complaints were cervical pain, low back pain, right leg pain, and arm pain. Dr. diagnosed the following: 1. Lumbar displaced disk at multiple levels. 2. Bilateral lumbar radiculopathy. 3. Cervical displaced disk at multiple levels. 4. Bilateral cervical radiculopathy. 5. Left rotator cuff tear. 6. Intractable pain. Dr. recommended physical therapy evaluation/treatment, off work for 30 days, continue the previously prescribed medications, and he added Lyrica 75 mg 60 capsules one b.i.d. for neuropathic pain management. Dr. continued follow-up care of the claimant on April 25, 2007. As of that date, the claimant remained unchanged. His diagnosis also remained unchanged. The physical examination findings at the initial evaluation of Dr. dated March 28, 2007, and subsequent examination findings of April 25, 2007 remained stable including paravertebral muscle spasm/tenderness of both cervical and lumbar spine with decreased ranges of motion in all planes. Dr. noted bilateral upper extremity radiculopathy with decreased deep tendon reflexes and dysesthesias of bilateral upper extremities. Additionally, he reports bilateral lower extremity radiculopathy with decreased deep tendon reflexes and positive straight leg raising test-bilaterally. Dr. noted bilateral lower extremity dysesthesias and reduced ranges of motion of the left shoulder in all planes. As of the April 25, 2007 follow-up visit with Dr., he recommends continuing physical therapy, off work for 30 days, orthopedic evaluation for a left rotator cuff tear, neurosurgical consultation for cervical/lumbar displaced disk as well as continuation of the prescribed medications Skelaxin, hydrocodone, and Lyrica. He also added nonsteroidal anti-inflammatory medication MOBIC 7.5 mg capsules one b.i.d. He scheduled the claimant to return in one month for a physician follow-up visit. The claimant also underwent behavioral medicine testing and behavioral medicine consultation at the request of Dr.. Behavioral medicine testing was performed on May 2, 2007, and the initial behavioral medicine consultation was performed on April 30, 2007. Dr. authored a letter of medical necessity, dated May 14, 2007, regarding his request for ongoing physical medicine treatment of the claimant. He indicated that the injuries were more serious than sprain/strain injuries. In summary, the requested additional six physical therapy treatment sessions (three times a week for two weeks) remains denied, because this is a chronic condition and because the claimant has already received 18 physical therapy sessions previously. The claimant is not demonstrating any residual focal lower extremity neurologic impairments to medically justify this request. Additionally, the Official Disability Guidelines for lumbar sprain and strain is 10 visits over five weeks, and the claimant has exceeded the 10 visits of physical therapy limit for this diagnosis.

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.
- 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 AND PRACTICE PARAMETERS.
- TEXAS TACADA GUIDELINES.
- TMF SCREENING CRITERIA MANUAL.
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION).
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION).

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee’s employer, the injured employee’s insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.

