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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 14, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Post lumbar spine fusion physical therapy

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

Diplomate American Board of Physical Medicine & Rehabilitation
Subspecialty Board Certification in Pain Medicine
Diplomate American Board of Electrodiagnostic Medicine
Member-ISIS, ASIPP

REVIEW OUTCOME

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

Overturned (Disagree)

Medical documentation supports the medical necessity of Post lumbar spine fusion physical therapy

ODG have been utilized for denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old male who was injured on xx/xx/xx when he slipped on the ground and fell forward injuring his left shoulder and low back.

In January 2008, , M.D., noted that the patient was status post decompressive posterior lumbar laminectomy with fusion at L4-L5 and L5-S1 performed on November 13, 2007. The patient had been having a lot of pain and heard a popping noise in his back and felt a constant grinding noise. X-rays revealed bilateral fractures in the screws in the L5 region. In January 16, 2008, Dr. performed re-exploration with removal of hardware from L4-L5 with removal of fractured pedicle screws at L5 and replacement of screws at L4 and L5 with rod and crosslink.

The patient reported weakness in bilateral extremities. Due to the leg giving way,

he fell on his knees several weeks ago and broke his left kneecap and had numbness in both legs. Dr. recommended physical therapy (PT) and a computerized tomography (CT) of the lumbar spine due to significant symptomatology.

D.C., noted: Tenderness in bilateral sacroiliac (SI) joints, tenderness and spasms in the low back region, guarded gait due to pain in the low back region, mild weakness of muscles (bilateral iliopsoas, right quadriceps, right hamstrings, bilateral tibialis anterior, and bilateral gastrosoleus), moderate weakness of left quadriceps and hamstrings, hypesthesia in anterior left thigh and lateral leg, limited active lumbar range of motion (ROM) due to pain, positive straight leg raise (SLR) test bilaterally, tight hamstrings bilaterally, positive Ely's test, and positive Yeoman's test. He decided to start PT to increase low back ROM and mobility, increased strengthening and endurance, and decreasing pain and spasms in the low back region.

On May 19, 2008, M.D., performed arthroscopic left rotator cuff repair, anterior labrum capsule repair, debridement, and acromioplasty. He requested PT.

The patient attended 12 sessions of PT. He had severely limited lumbar ROM with pain. Dr. and recommended continuation of PT for 12 additional sessions.

On June 30, 2008, , M.D., denied the request for post lumbar fusion PT with the following rationale: *"The patient is two years out from lumbar surgery and had hardware removal of redo fusion at L4-L5 five and a half months ago. The patient has had ongoing course of postoperative PT and plan is for additional 12 sessions. Notes show that the patient has plateaued in response to PT with significant residual loss of ROM and strength. Plan is for a passive and active PT. Based on the fact that the patient is well past the subacute healing phase postop and has plateaued in response to PT, and considering much of the PT is passive in nature, and the patient is suitable for HEP alone, at this time, according to ODG, the request is not medically necessary."*

On July 2, 2008, M.D., denied the request for reconsideration of postoperative left shoulder surgery and post-lumbar fusion surgery PT with the following rationale: *"Notes indicated that the patient presented with internal derangement of the left shoulder and labral tear. Results from the June 5, 2008, MRI noted moderate tendinosis/tendinitis (no tear, atrophy, or retraction), marked AC joint arthrosis/arthritis, and possible signs of posterior instability. Please note that the provided information is limited. The requested PT for the lumbar region is under review. Based on the information provided, a determination for medical necessity cannot be made at this time. The provided medical records submitted pertain to shoulder and not the lumbar region. The provider needs to resubmit the request for lumbar PT with the correct pertinent medical records. Therefore, the request is not medically necessary at this time."*

On July 21, 2008, Dr. issued a letter in which he stated: *"This letter is to notify you that the patient was referred to our facility to start PT for his post second lumbar fusion surgery. He completed the first 12 visits successfully and as we requested the second 12 visits of PT from Services Corporation, we got denied twice with rationale being that the patient is two years out from lumbar injury and*

had hardware removal and redo fusion at L4-L5 about five and a half months ago. It also states that the patient has plateaued in response to PT, which is not true. Please note the patient underwent the first lumbar spine fusion in October 2007 and after he was released by his surgeon for PT, he was only able to perform four sessions of postsurgical PT due to severe pain in his low back. As he went back to his surgeon and x-rays of low back were done; it was determine that the screws in his back at the site of the fusion were broken and that is why he underwent a second lumbar spine fusion in January 2008. According to ODG guidelines, the patient is entitled to 36 visits of post lumbar spine fusion PT. In May opinion, he is entitled to his full 36 visits of PT according to ODG guidelines in order for him to reach his full potential and get back to his preinjury status for a safe return to the workforce.”

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

THE INFORMATION INDICATES PATIENT HAS DIAGNOSIS OF BACK SURGERY S/P LUMBAR FUSION. ICD IS 722.1. ODG ALLOWS FOR EXTENDED PT FOR UP TO 20 WEEKS AS REASONABLE AND NECESSARY FOR LUMBAR SURGERY PROTOCOL. CURRENT REQUEST IS REASONABLE PER ODG.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES