

# True Resolutions Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Phone: 817-274-0868

Fax: 214-276-1904

**DATE OF REVIEW: 02/3/08**

**IRO CASE #:**

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

Six sessions of Lumbar PT and six sessions or Thoracic PT.

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

Reviewer is Board Certified in Family Practice and has an Certificate of Added Qualification in Sports Medicine

**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)

PT for the thoracic pain is NOT medically necessary.

PT for the lumbar spine is medically necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

No ODG Guidelines

Clinical notes from provider PAC dated 10/4/07, 10/11/07, 10/24/07, 11/29/07, 12/13/07, 12/20/07, 1/04/08

MRI report of left shoulder, 1/02/08.

Clinical notes from physical therapy dated 10/19/07, 11/05/07, 11/08/07, 11/09/07, 11/16/07, 11/19/07, 11/21/07, 12/07/07

Clinical note from Dr. assessing patient's maximal medical improvement and disability dated 1/10/08.

Prospective review response dated 1/18/08

Risk management/utilization management denial letters dated 12/20/07, 1/04/08.

**PATIENT CLINICAL HISTORY (SUMMARY):**

The patient is a female who was first injured at work as a xxx while attempting to apprehend a student. She was seen by PA for her initial assessment and was diagnosed with a left thoracic strain. She is treated with muscle relaxants, anti-inflammatories and heat. She was seen again on 10/11/07 for follow up. At this time she mentions low back pain but that is being evaluated by Internist as she reported it to be from a MVA. Physical Therapy is ordered for her thoracic strain at this time. On 10/19/07, she has her initial assessment by the physical therapist who confirms the diagnosis of cervical paraspinal and left thoracic pain. She receives PT only for the thoracic pain. The patient is seen by PA for her low back pain with radiculopathy on 10/24/07; she reports the pain was due to a second work comp injury that occurred while attempting to pick up/catch a child. An MRI ordered by her internist showed mild degenerative disk changes at L5-S1. Patient was sent to PT for evaluation and treatment of her low back pain. Her first visit for LBP was on 11/05/07. There are physical therapy notes for some and possibly all of the visits. (Notes indicate that PT for the thoracic spine was approved for 2 times a week for 4 weeks and PT for the lumbar spine was approved for 10 visits). The notes dated 10/19, 11/9, 11/19 indicated treatment of patient's thoracic problems; treatment on 11/21 was indicated on 11/19 note. Notes dated 11/5, 11/8, 11/9, 11/16, 11/21, 12/7 indicated treatment being done for her lumbar pain; a treatment done on 11/23 was recorded in 11/21 note and a treatment on 11/13/07 was indicated on the 11/16 note as well. If there were additional treatments, the reviewer did not receive those notes. The notes total 4 thoracic spine treatment visits and 7 lumbar spine treatment visits with one final visit on 12/7/07 that solely assessed and discharged the lumbar spine problem. In the final physical therapy note on 12/07/07, the therapist assessed the patient's functional status and improvement for her lumbar spine injury (no mention was made of the thoracic injury). It was felt at this time that the patient had improved and was independent in a home exercise program to continue her progression. It was felt that she had not yet met the goals of decreasing the pain to 2/10 and tolerating a 10 hour work day. She had met the goal of an independent home exercise program. They did feel that once her pain was improving and she could further progress in her home exercise that she might benefit from further Physical therapy to teach further exercises.

For the thoracic spine injury, the patient followed up with PA on 11/29/07 and 12/20/07. Tramadol was added to help the patient's pain at the 11/29 visit. By the 12/20 visit the patient was having increasing deep posterior shoulder pain. Due to the increased symptoms an MRI of the shoulder is ordered. The MRI of the shoulder was done on 1/208 and was read as negative.

For the lumbar spine injury, the patient followed up with PA on 12/13/07. The notes indicate the patient was doing home exercises and going to the gym but reported she was still having intermittent pain and missed work the day prior due to her back pain. PA felt that she had reached maximal medical improvement

and referred her to Dr. for the closing evaluation for her work comp case. Of note, the patient was still being seen for continued thoracic pain at this time. The patient was seen by Dr. on 1/10/08 for her disability assessment for both the thoracic and lumbar spine pains. At this time, it was felt the patient had reached maximum medical improvement as defined by the AMA Guides to Evaluation of Permanent Medical Impairment. That is when “the patient’s clinical condition is stabilized and not likely to improve with surgical intervention or active medical treatment; medical maintenance care only as warranted.” Patient was assessed to have a 5% impairment of her lumbosacral spine and no impairment with respect to the thoracic pain.

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

This is a case of two different injuries and thus the Reviewer’s believes the explanation and subsequent decision should be kept separate so as to not confuse the issues.

First is the thoracic injury. This injury occurred and was diagnosed to be muscular in nature. From the notes, the patient received 4 physical therapy visits over a period of a month. There was a reported approval for visits 2 times a week for 4 weeks but the notes don’t indicate that the visits were completed as the patient was simultaneously receiving treatment of the lumbar spine (many of the PT notes indicated only treatment of lumbar not thoracic spine injury). The ODG guidelines don’t specify the recommended number of visits for thoracic pain specifically but under back pain, location unspecified it recommends up to 10 visits over 5 weeks. In this patient there is not adequate evaluation or recommendations from the physical therapist for the patient’s thoracic pain at the end of physical therapy; the discharge summary only assessed the status of the lumbar spine. The last note from the PA indicated that the patient had continued pain and an MRI was ordered. The MRI did not show structural abnormalities and the Work Comp doctor did not find any evidence of disability. There is no indication whether the patient was getting benefit from the physical therapy, home exercises or drug treatment. With no indication of significant progression or indication of a plan, one cannot say that there is medical necessity of further physical therapy. The patient should continue the prescribed home exercises and if pain is not resolving she should be evaluated as a chronic pain patient. With respect to the lumbar spine injury the reviewer was provided more complete information. The patient sustained injury (or aggravation of injury) on xx/xx/xx and had her first physical therapy visit on 11/5/07. The notes indicate a total of 8 physical therapy visits that addressed the patient’s lumbar spine injury (other visits indicate only thoracic spine treatment. These visits occurred over a period of 4-5 weeks. The patient did progressively improve and the therapist felt that she would benefit from further physical therapy as her pain decreased and she could progress in a home exercise program. The ODG guidelines do support exercise for the treatment for lumbar pain. There are studies in the guidelines to support this. They advocate a physical therapy monitored exercise program that

involves a fading of treatment. That is starting with 2-3 times a week and progressing to a monitored home exercise program with physical therapy follow up less frequently as the patient improves (once a week or ever other week). The point of this is for the patient to have time to build strength, decrease pain and be able to complete one level of home exercises before moving to the next level. Modalities are not supported by clinical evidence in the guidelines. This patient did receive PT twice a week for a month. Her pain was keeping her from progressing at a faster rate (although her progression did not appear out of the norm from the notes). The physical therapist appropriately identified this and recommended home exercises until she reached the point she was ready for instruction of the next level of exercises. She had not yet reached her goals or maximal improvement from a PT perspective. The patient also did not receive 10 visits specifically for her lumbar spine. Therefore, the reviewer does believe there is a medical necessity for continued physical therapy.

In summary, the reviewer partially agrees and partially disagrees with the prior decision. Additional physical therapy for thoracic pain is not medically necessary in this case. Physical therapy for the lumbar spine is medically necessary. It is the reviewer's medical assessment that the patient have 6 PT sessions for the lumbar spine.

**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 & 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)**