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Notice of Independent Review Decision

DATE OF REVIEW: July 23, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

8 sessions of physical therapy to the cervical spine to include CPT codes 97110, 97140, G0283.

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

Board Certified in Family Practice; Practice of Occupational 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)

PATIENT CLINICAL HISTORY:

The working diagnosis is cervical sprain. The reported date of injury is xx/xx/xx.

Eight sessions of physical therapy to the cervical spine to include CPT codes 97110, 97141, and G0283 are the services in dispute. The mechanism of injury described is that the patient was working on a school bus when his feet became entangled in hoses. He slipped and fell approximately five feet onto the concrete, landing on his head and back, and part of the engine fell on his left hand.

The initial x-rays of the left hand were negative. The initial films of the lumbosacral spine revealed degenerative disc disease in the lower lumbar segments at L4 through S1. The x-rays of the left tibia/fibula and right knee were within normal limits, as was the left ankle. A CT scan of the brain was unremarkable.

An MRI scan of the left hand performed on April 24, 2008 revealed only osteoarthritic changes of the first carpometacarpal joint and metacarpal phalangeal joint of the thumb. The films studies were reviewed by [redacted], M.D. His assessment was “no evidence of acute fracture or subcortical collapse on today’s study.”

An MRI of the cervical spine from April 24, 2008 revealed severe left foraminal stenosis at C3-4 and moderate right neural foraminal stenosis at C2-3.

An MRI of the lumbar spine on the same day revealed multilevel foraminal narrowing worse at L5-S1, with severe right neural foraminal narrowing and mild-to-moderate left neural foraminal narrowing.

The assessment of [redacted], D.O. notes diminished sensation along the entire right lower extremity to light touch and pinprick. However, she also noted there was no evidence of stocking/glove sensory loss, but this exactly describes a stocking/glove sensory loss. The deep tendon reflexes were seen to be diminished, however, symmetrical. The Spurling’s maneuver was negative. The working diagnosis was cervicalgia, left rotator cuff impingement, contusion of the third finger of left hand, and right lower extremity radicular-type pain.

It is noted that the patient completed ten sessions of physical therapy between May 15, 2008 and June 11, 2008. [redacted], P.T. recommended additional physical therapy as of June 12, 2008.

It is noted that the request for additional physical therapy was denied as neither reasonable nor necessary, as this grossly exceeded the Official Disability Guidelines for the diagnosis listed, which is correct. It was the determination of [redacted], M.D. that the requested treatment exceeds ODG recommendations for care for the diagnoses listed and that insufficient documentation was presented to warrant additional physical therapy.

The working assessment would be a cervical strain and lumbar strain, superimposed on evidence of multilevel degenerative disc disease with a combination of spondylosis of the cervical and lumbar spine. The imaging studies do not delineate any direct mechanical compression on the neural elements. There is a question of dislocation of the third finger of the left hand. However, in Dr. [redacted]’s evaluation, the patient was seen to have normal range of motion of this digit.

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

With regards to the utility of initial eight sessions of physical therapy at this point, I would have to concur with Dr. [redacted]. If we look at the ODG Guidelines, page 1219, 2008, with regards to physical therapy for cervicalgia, neck pain, cervical spondylosis, sprains and strains of the neck, approximately ten visits over an eight-week period is considered reasonable and necessary. If we look on page 910, ODG Guidelines, physical therapy recommendations for lumbago and intervertebral disc disorders without myelopathy up to ten visits over an eight-week period is considered reasonable and necessary. I, therefore, would have to concur with Dr. [redacted]’s conclusions

that additional physical therapy cannot be considered reasonable or necessary for the diagnoses listed. This patient appears to have sustained an exacerbation of multilevel degenerative changes in both the cervical and lumbar spine. Without additional corroboration of specific attributable anatomic derangement, in my opinion, the additional eight sessions of physical therapy are neither reasonable, necessary nor consistent with the ODG Guidelines. Thus, the denial of 8 sessions of physical therapy to the cervical spine to include CPT codes 97110, 97140, G0283 is upheld.

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)**