



**AMENDED June 18, 2008**

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 05/30/08

**IRO CASE #:**

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

Physical therapy.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.O., M.S., Board Certified in Physical Medicine and Rehabilitation, Pain Management

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

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

The injured employee was lifting a student at work and developed abdominal wall pain. It was felt she may have had a ventral hernia as well as an abdominal muscle tear; however, the CT scan showed no hernia but some thinning of the muscle fibers. Nowhere in the records is there adequate explanation for the large midline scar from the umbilicus to the pubic bone. The CT findings could very well relate to that surgical procedure as opposed to any posttraumatic residuals from the lifting event of xx/xx/xx.

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

This woman has an abdominal wall strain at the most. There is no evidence of a hernia. She has had prior abdominal surgery and the CT findings could very well be reflective of that surgical procedure. There is no history in any of the doctors' reports that discusses what that surgical scar may have been. There was, however, no hernia demonstrated on the CT scan. The treating physician wishes to use interferential stimulation and ultrasound, neither of which is recommended in ODG guidelines for any soft tissue strain. These are passive modalities but have no role in the rehabilitation of muscle strains. There is, however, no evidence that this individual would benefit from or require any physical therapy, particularly not passive modalities such as those described above, that being ultrasound and intraferential therapy. Also, the idea of strengthening a torn muscle if in fact it was torn would be counterproductive. Furthermore, the abdominal muscles are not in need of stretching if they are already overstretched from a strain/tear. The logic behind physical therapy in my opinion is not consistent with the management of this type of a strain/injury.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER**

**CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)