True Decisions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: May 14, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
9 sessions of PT

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Residency Training PMR and ORTHOPAEDIC SURGERY

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 3/14/08 and 4/8/08
Note from No Date
Health & Rehab 9/20/07, 3/11/08, and 4/1/08

PATIENT CLINICAL HISTORY [SUMMARY]:
This man apparently was injured while twisting wrenches in opposite directions while at work on X/XX/XX. From review of the denial, the City of x recognized other separate and unrelated injuries on different dates. He had neck pain and pain into both arms. The note from Dr. dated 9/20/07 describes bilateral sensory complaints and reduced feeling in the C7 distribution, reduced bilateral tricep reflexes (C7), Cervical wedging between

C5/6 and C6/7 with a reported C6/7 disc bulge causing left nerve (presumably C7) impingement. The MRI report was not provided. A separate and unrelated mass was found anterior the left sternocleidomastoid. This was described as metastatic/malignant. He underwent excision of the mass followed by chemotherapy and radiation therapy, presumably to the neck. There were comments of an EMG requested in 9/07, but apparently not done as one was ordered in the 4/1/08 note. Most of the notes followed the treatment of the mass.

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

There are two issues present. The tumor is not work related. Its treatment included radiation therapy and surgery. Radiation could alter muscle flexibility and could alter any electrodiagnostic findings in the extremity. Surgery and radiation could both affect cervical motion.

It is possible that the neck symptoms were triggered by the mass. More than likely, the verbal description of the mass being anterior to the sternocleidomastoid makes it unlikely that it caused any radicular symptoms. At the same time, the workup for the neck pain identified a previously asymptomatic tumor. Some of his symptoms could have been related to preexisting degenerative changes in the neck.

The symptoms of pain down the arm and between the shoulder blades, plus the MRI verbal report of a C6/7 disc bulge compression the left nerve root (presumably C7), and the reduced bilateral C7 sensation and reduced triceps reflexes support a C7 radiculopathy. The Reviewer is unsure why he had bilateral findings with only a left sided radiologically confirmed lesion.

We can presume that the C7 radiculopathy followed a disc bulge/herniation from the injury. Then there are the problems of apportioning therapy to the cervical spine for the disc injury vs the effects of surgery and radiation.

Based upon the ODG that follows, there are several options that cover 9-12 sessions.

Physical therapy (PT)

Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapist, to avoid debilitation and further restriction of motion. (Rosenfeld, 2000) (Bigos, 1999) For mechanical disorders for the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. (Philadelphia, 2001) (Colorado, 2001) (Kjellman, 1999) (Seferiadis, 2004) Physical therapy seems to be more effective than general practitioner care on cervical range of motion at short-term follow-up. (Scholten-Peeters, 2006) In a recent high quality study, mobilization appears to be one of the most effective non-invasive interventions for the treatment of both pain and cervical range of motion in the acutely injured WAD patient. (ConlinI, 2005) A recent high quality study found little difference among conservative whiplash therapies, with some advantage to an active mobilization program with physical therapy twice weekly for 3 weeks. (Kongsted, 2007) See also specific physical therapy modalities, as well as Exercise.
ODG Physical Therapy Guidelines –
Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.

Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0):
9 visits over 8 weeks

Sprains and strains of neck (ICD9 847.0):

10 visits over 8 weeks
Displacement of cervical intervertebral disc (ICD9 722.0):

Medical treatment: 10 visits over 8 weeks

Degeneration of cervical intervertebral disc (ICD9 722.4):
10-12 visits over 8 weeks

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)**