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Notice of Independent Review Decision

DATE OF REVIEW: 9/18/08

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in dispute: Physical therapy on 6/17/2008 and physical therapy on 7/01/2008

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

Board Certified Neurosurgeon

REVIEW OUTCOME

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

Denial Upheld

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a XX year old female who was reported to have sustained work related injuries on XX/XX/XX.

Records indicate that the employee was initially seen by, E.N.P., and was subsequently referred to D.C.

The employee was evaluated by Dr. on 05/14/08. She was reported to have been working at a XXXX, and while chipping ice, she felt something in her left arm and hand give way causing severe sharp pain in her neck, middle, upper and lower back, and left hand.

The employee was further reported to have been seen by Dr., a hand specialist. who referred her to Dr., a neurosurgeon. It was reported that the employee was not a surgical candidate and was told to seek treatment elsewhere.

It was reported that the employee had undergone an MRI showing that she had multiple disc lesions to the cervical, thoracic, and lumbar spine. The employee was subsequently evaluated and recommended to undergo therapeutic exercise including neuromuscular reeducation, lumbar decompression, with spinal manipulation.

On 05/20/08, the employee was seen by a neurologist, the note was unsigned. She was reported to have been previously seen by Dr.. At that time, it was reported that the employee had arm and leg pain, and the employee reported developing some pain after attempting to break a block of ice. The employee noted pain and tingling that extended from the hand into the shoulder which subsequently resolved over the next three or four days. She noted tingling in the upper aspect of the left arm with extension to the upper intrascapular area. She subsequently noted pain present in the low back with some radiation into the left leg. The employee was reported to have undergone electrodiagnostic studies that revealed evidence of a possible median nerve entrapment at the wrist. The employee was given a prescription for Naprosyn, which has resulted in significant improvement in her symptoms; however, her symptoms were reported to return when the medicine wears off. On physical examination, the employee was well developed, moderately overweight, and in no acute distress. On neurologic examination, the employee's speech was fluent. She has normal bulk and tone and strength in the upper extremities proximally and distally except decreased hand grip bilaterally. She has normal tone, bulk and strength in the lower extremities. Sensory was intact with the exception of decreased sensation to pinprick and light touch in the median and ulnar nerve distribution right greater than left. Reflexes were 2+ and symmetric. Cerebellar was intact. Gait was normal. Romberg's test was negative. The employee was diagnosed with pain in the limb. The remainder of the note was missing.

The records included electrodiagnostic studies performed on 06/02/08. These studies report electrophysiologic evidence of a C5-C6 radiculopathy on the left and evidence of a chronic L4-L5 radiculopathy on the left.

On 06/19/08, a utilization review was performed. This was a request for eighteen visits of physical therapy over six weeks requested by Dr. The reviewing physician reported it was not clear from the available documentation as to why physical therapy treatment was required, particularly after previous chiropractic manipulations were authorized and the outcomes of the treatment were unknown.

The record includes a utilization review performed by Dr. dated 07/02/08. Dr. found that the requested physical therapy was not medically necessary or appropriate. Dr. reported the employee sustained injuries to her upper extremities approximately four months previously. She has been under the treatment of other providers, and the records did not provide any documentation of these visits nor did it indicate what types of conservative treatment the employee had received. Dr. noted it was reported that the employee had already completed ten sessions of physical therapy which would have been supported by current evidence-based guidelines. Additional physical therapy consisting of twelve sessions was not supported by the **Official Disability Guidelines**.

On 07/03/08, the employee was seen in follow-up by Dr.. The employee's physical examination was unchanged. Dr. reported that the employee did not have her physical therapy approved by worker's compensation. The employee did report some improvement in her symptoms with medical treatment. Dr. opined that physical therapy was indicated, and this may lead to a significant reduction in pain medication requirements and considerable improvement in the employee's quality of life.

The records included a letter of appeal dated 07/22/08 recommending additional physical therapy.

The records contained a utilization review determination dated 07/30/08. The reviewing

physician, Dr., non-certified the request and noted that the employee had received ten prior physical therapy visits approved with another provider. The current provider indicated that the claimant had received no prior physical therapy. Dr. noted that the current request was for manual therapy and modalities with no active therapy. He reported that the requested modalities, electrical stimulation and ultrasound, were not supported by the **Official Disability Guidelines** and further reported that dependent care without active care was not supported.

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

I would concur with the previous reviewers that the request for additional physical therapy is not supported by the submitted clinical information.

The employee was reported to have sustained work related injuries on XX/XX/XX. The employee has been seen by multiple providers and was reported to have completed ten sessions of physical therapy prior to the multiple requests for additional physical therapy. The submitted records do not include any physical therapy treatment records to establish that the employee was progressing with these initial ten visits of physical therapy. The **Official Disability Guidelines** would have supported up to ten sessions of physical therapy for the employee's diagnosis. The records do not contain any clinical information to justify exceeding these current evidence-based guidelines. The employee has undergone electrodiagnostic studies, which were reported to indicate both cervical and lumbar radiculopathies on the left; however, the report did not indicate that the employee underwent testing of the cervical and lumbar paraspinal musculature required to establish the presence of a radiculopathy.

The handwritten request for physical therapy indicates that the employee has been recommended to undergo electrical stimulation and ultrasound, which are passive modalities and not supported by the **Official Disability Guidelines**, as well as intervertebral differential dynamics therapy which would appear to be a decompressive device which again would not be supported by evidence-based guidelines.

In the absence of information to support exceeding the current evidence-based guidelines, further physical therapy would not be deemed medically necessary.

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

1. The **Official Disability Guidelines**, 11th Edition, The Work Loss Data Institute.
2. The American College of Occupational and Environmental Medicine Guidelines; Chapter 12.