Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: April 29, 2009

IRO Case #:

Description of the services in dispute:
Physical therapy 04/06/09 through 05/08/09. CPT codes #97010, #97014, #97035, #97110, #97124, #97140, #97116, #97113.

A description of the qualifications for each physician or other health care provider who reviewed the decision
The physician who provided this review is a fellow of the American Board of Orthopaedic Surgery. This reviewer is a fellow of the North American Spine Society and the American Academy of Orthopaedic Surgeons. This reviewer has been in active practice since 1990.

Review Outcome
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: Upheld. Physical therapy 04/06/09 through 05/08/09 using modalities #97010, #97014, #97035, #97110, #97124, #97140, #97116, and #97113 is not medically necessary. The request exceeds ODG guidelines, and the patient has not demonstrated significant progress in physical therapy completed to date.

Information provided to the IRO for review
RECEIVED FROM THE STATE 4/15/09:
Notice to utilization review agent of assignment of independent review organization dated 04/15/09 – 1 page
Confirmation of receipt of a request for a review by an IRO dated 04/08/09 – 5 pages
Request for IRO dated 04/06/09 – 2 pages
Denial of preauthorization or concurrent review request dated 03/26/09 – 5 pages
Denial of reconsideration of preauthorization or concurrent review request dated 04/06/09 – 4 pages
Denial of reconsideration of preauthorization or concurrent review request dated 04/13/09 – 4 pages

RECEIVED FROM PROVIDER 4/16/09:
Notices of utilization review decision dated 01/08/09, 01/14/09, 02/22/09 – 3 pages
Rescinsion and acceptance of previously disputed claim dated 01/07/09 – 1 page
Notice of disputed issues and refusal to pay benefits dated 01/07/09 – 1 pages

MRI of the cervical spine dated 11/21/08 – 2 pages
EMG/NCV dated 01/20/09 – 2 pages
Procedure note dated 01/07/09 – 3 pages
Procedure note dated 01/28/09 – 3 pages
Evaluation dated 11/07/08 – 2 pages
Evaluation dated 12/12/08 – 2 pages
Texas workers' compensation status reports dated 12/12/08, 01/06/09, 01/20/09, 01/27/09, 02/05/09 – 5 pages
Evaluation dated 01/06/09 – 2 pages
Evaluation dated 01/13/09 – 2 pages
Evaluation dated 02/05/09 – 2 pages
Initial evaluation dated 02/13/09 – 4 pages
PT daily progress note dated 02/23/09 – 2 pages
Reevaluation dated 03/05/09 – 3 pages
PT daily progress note dated 03/20/09 – 1 page
Blank request form – 3 pages
Preauthorization request form dated 03/30/09 – 1 page
Therapy referral form, undated – 1 page
Reevaluation dated 03/05/09 – 3 pages
Evaluation dated 03/10/09 – 2 pages
PT daily progress note dated 03/13/09 – 1 page
PT daily progress note dated 03/20/09 – 1 page
Preauthorization request form dated 03/16/09 – 1 page
Notice of utilization review decision dated 02/22/09 – 1 page
Preauthorization request form dated 02/13/09 – 1 page

<u>Patient clinical history [summary]</u>
The patient is a female whose date of injury is listed as xx/xx/xx. The patient has reportedly done for 27 years and has a history of bilateral hand troubles that began in xx/xxxx. The patient complains of numbness and tingling in both hands, sometimes into the forearms, and sometimes decreased strength. There is some degree of neck pain, but no radiation. MRI of the cervical spine dated 11/21/08 revealed multilevel cervical spondylosis; right subarticular and left central to left subarticular disc extrusions at C6-7; moderate to severe spinal canal stenosis at C3-4 and C6-7 and moderate spinal canal stenosis at C4-5 and C5-6; severe right foraminal narrowing at C3-4, moderate to severe bilateral foraminal narrowing at C4-5 and C3-4 and moderate bilateral foraminal narrowing at C5-6, C6-7 and C7-T1; mild developmental spinal canal stenosis from C3 through C7. Progress note dated 01/13/09 indicates that the patient's chief complaint is neck pain and arm pain. On physical examination the patient has limited cervical range of motion and subjective nerve symptoms in the right upper extremity. EMG/NCV study dated 01/20/09 reports that the patient has a prior history of right carpal tunnel release and ulnar nerve release in 2001. The patient reported that her symptoms and pain were resolved. Current medications are listed as Synthroid and low dose birth control pills. Impression is reported as bilaterally mild carpal tunnel

syndrome, a little more pronounced in the left hand with no signs of ulnar neuropathy and no signs of any proximal neurologic problems. The patient underwent cervical epidural steroid injections on 01/07/09 and 01/28/09. The patient was seen in follow up on 02/05/09 and reported she is doing better after her second epidural steroid injection. Physical examination shows good cervical range of motion and negative root tension sign. Diagnosis is listed as cervical disc displacement. The patient underwent a physical therapy initial evaluation on 02/13/09. Pain is rated as 8-9/10. On physical examination there is pain and tenderness to palpation throughout the upper trapezius and neck region. Cervical range of motion is reported as 25% of normal in flexion; 50% extension and right lateral flexion; 25% left lateral flexion; 75% right rotation and 50% left rotation. Strength is rated as 5/5 in the lower extremities. Reflexes in the upper extremities are 2+ bilaterally and symmetrical. test was positive. Progress note dated 03/10/09 indicates that the patient reports that overall she is doing the same and states, "The therapy has helped a bit." The patient subsequently completed 10 sessions of physical therapy and progress note dated 03/20/09 indicates that the patient continues to complain of 8/10 pain to the posterior neck area and stiffness in the morning that decreases post exercises and throughout the day. The patient reports that pain is relieved with treatment but "they continue to come back." The patient continues with upper trapezius tightness and spasms bilaterally. The patient was instructed in a home exercise program and demonstrated compliance.

A previous request for 12 sessions of physical therapy was denied on 03/18/09 with the reviewer noting that the request exceeds ODG guidelines. The denial was upheld on reconsideration on 04/01/09 with the reviewer reporting that the request for physical therapy exceeds ODG guidelines and no significant benefit in therapy is documented. A subsequent reconsideration again denied the request for physical therapy noting that the patient has had adequate physical therapy to have been instructed in a home exercise program, and the request exceeded ODG guidelines.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

Physical therapy 04/06/09 through 05/08/09 to include #97010, #97014, #97035, #97110, #97124, #97140, #97116 and #97113 is not considered medically necessary. The patient reportedly complains of repetitive use injury to the cervical spine beginning in September 2008. The patient has undergone two cervical epidural steroid injections and 10 sessions of physical therapy which "has helped a bit," per the patient. Upon completion of the initial 10 visits of physical therapy the patient continued to complain of 8/10 pain with stiffness, tightness and spasms in the upper trapezius. The Official Disability Guidelines support 10 visits over 8 weeks of physical therapy for the patient's diagnosis, and there is no clear rationale provided in the submitted records to support exceeding these evidence based recommendations. The patient has not demonstrated significant progress in physical therapy completed to date and is reportedly compliant with a home exercise program. Given the current clinical data, the patient has completed sufficient formal therapy and additional physical therapy is not indicated as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the

decision:

1. ODG Treatment Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back Chapter, Online Version.