

I-Resolutions Inc.

An Independent Review Organization

71 Court Street

Belfast, Maine 04915

(512) 782-4415 (phone)

(512) 233-5110 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 10, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity for physical therapy three times per week for four weeks (consisting of four units therapeutic exercises, one unit manual therapy, one unit electrical stimulation, not to exceed more than four units per session as related to the lumbar, thoracic and cervical sprain/strain).

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

MD, Board Certified Orthopedic Surgeon

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that medical necessity does not exist for physical therapy three times per week for four weeks (consisting of four units therapeutic exercises, one unit manual therapy, one unit electrical stimulation, not to exceed more than four units per session as related to the lumbar, thoracic and cervical sprain/strain).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 11/19/08, 12/11/08
ODG Guidelines and Treatment Guidelines
Office notes, Dr. , 09/06/07
EMS report, 9-6-07
Patient information sheet, 09/06/07
EKG, 09/06/07
Emergency Department, 09/06/07
XR pelvis, 09/06/07
Employee Report of Injury, 09/07/07
Labs, 09/10/07
Office notes, Dr. , 09/10/07
MRI lumbar, 09/24/07
Office notes, Dr. , 10/23/07, 12/04/07, 11/25/08
Physical Performance Evaluation, 10/30/07, 12/19/07
DDE, Dr. , 11/01/07
Chiro notes, Dr. : 11/06/07, 11/08/07, 11/20/07
Office notes, Dr. , 11/27/07, 02/19/08, 03/26/08, 04/29/08, 07/08/08, 08/12/08, 09/16/08, 10/21/08
Office notes, Dr. , 11/29/07, 12/13/07
Office note, Provider unknown, 12/2/07, 11/06/08, 01/09/09
Chiro Notes, 12/20/07, 01/22/08, 02/26/08, 03/06/08, 04/07/08, 05/07/08, 08/05/08, 08/14/08, 08/21/08, 08/28/08, 09/02/08, 09/03/08, 09/05/08, 10/06/08, 11/06/08, 12/08/08
Progress note, 01/11/08
EMG/NCS, 01/30/08
Therapy note, 02/05/08, 02/11/08, 02/12/08, 02/15/08, 02/18/08, 02/19/08 (work conditioning)
Progress note, 02/19/08
MMI. evaluation, Dr. , 05/13/08
FCE, 05/20/08, 06/12/08
Psych evaluation, 06/20/08
Office notes, Dr. , 07/25/08, 08/01/08
XR lumbar, 07/25/08
Patient History Form, 07/25/08
Impairment Rating, Dr. , 09/03/08
MRI cervical, 09/05/08
Office note, Dr. , 09/23/08, 10/27/08
Procedure Note, Dr. , 10/27/08
Reconsideration, Dr. , 12/04/08
Letter of Clarification, Dr. , 01/07/09
Request for IRO from Dr. , DC, 01/16/09

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year-old right-handed female with a reported injury on xx/xx/xx when she was pushed against a brick wall by a client. Following this injury she noted neck, head, low back and chest pain. The claimant has a history of prior work injury on 11/12/06 with resultant low back strain and left shoulder pain. She underwent right knee surgery on 04/25/06; has had ongoing complaints of right hand pain, right knee pain, right carpal tunnel syndrome and right forearm contusion; and has a medical history of obesity and hypertension. Records prior to xx/xx/xx were not provided for this review.

On xx/xx/xx the claimant underwent evaluation for chest pain, hypertension, neck pain and head injury with no significant findings. The claimant began chiropractic treatment on 09/10/07 for constant neck, mid back and low back pain with right leg pain and bilateral arm tingling. Physical examination demonstrated decreased right ankle reflex; decreased sensation along the right S1 dermatome; decreased strength along L4, L5 and S1; myofascial trigger points; decreased sensation along the C6 dermatomes bilaterally; and left shoulder weakness. The claimant treated with extensive chiropractic management essentially through 01/09/09. Lumbar MRI performed on 09/24/07 noted L4-5 moderate canal stenosis with bilateral foraminal narrowing, flattening of the thecal sac, and moderate facet arthrosis; and L5-S1 disc bulge with annular tear, bilateral foraminal encroachment and disc space narrowing. The claimant was seen by Dr. , on 10/23/07 for ongoing low back and bilateral leg pain.

Pelvis radiographs on 10/23/07 were within normal limits and dynamic lumbar imaging noted L5-S1 bone on bone spondylosis and stenosis with one centimeter spondylolisthesis, as well as L4-5 extension angle abnormality at 18 degrees with facet subluxation and foraminal stenosis. Dr. noted right reflex, sensation and strength deficits and recommended two level decompression and arthrodesis. The claimant declined surgery at that time. A physical performance evaluation conducted on 10/30/07 indicated the claimant's job was a medium demand level and she was only able to perform at a light demand level. Work conditioning was recommended. A designated doctor evaluation on 11/01/07 felt the claimant was not at maximum medical improvement and recommended CT/ discogram. Dr. saw the claimant on 11/27/07. Dr. noted the claimant was anxious; had painful motion; had no bowel or bladder dysfunctions; and also examined the right hand and knee. Diagnoses were made for post traumatic stress disorder, lumbar instability with radicular symptoms and left shoulder pain. Hydrocodone was started. On 11/29/07 pain management evaluation with Dr. indicated the claimant was taking Ibuprofen, Norco and Xanax. Dr. noted a history of stress incontinence. Facet injections and transcutaneous electrical stimulation were recommended. The claimant continued chiropractic management, medications and activity modification. A repeat physical performance evaluation on 12/19/07 continued to recommend work conditioning. The claimant also continued to have cervical spine complaints and upper extremity symptomatology. Work conditioning started on 01/11/08 and the claimant completed four weeks without significant change in examination findings. Electrodiagnostic studies conducted on 01/30/08 demonstrated acute irritability along bilateral L4, L5 and S1 motor roots consistent with radiculopathy and moderate involvement to the S2-4 roots consistent with urinary dysfunction from spinal radiculopathy. An impairment evaluation on 05/13/08 noted continued use of medications and felt the claimant was at maximum medical improvement with a five percent impairment rating. A functional capacity evaluation on 05/20/08 continued to indicate the claimant was only able to function at a light demand level. A functional capacity evaluation on 06/12/08 noted the claimant was wearing a back brace. A psychiatric evaluation on 06/20/08 diagnosed an adjustment disorder with anxiety and depression. Recommendation was made for a chronic pain program including individual therapy. Lumbar dynamic radiographs on 07/25/08 noted multilevel degenerative changes and Dr. recommended continuation of conservative care. On 08/12/08 the claimant was noted to be wearing a brace and using a cane. Another impairment evaluation on 09/03/08 indicated the claimant was at maximum medical improvement with a twenty-four percent impairment rating. Cervical MRI evaluation performed on 09/05/08 noted C4-5 left five millimeter disc protrusion, flattening of the thecal sac and left C5 nerve root, and bilateral foraminal narrowing; C5-6 six millimeter left disc extrusion compressing the left C6 nerve root with mild canal stenosis and severe bilateral foraminal encroachment; and C3-4 three millimeter disc bulge with moderate right and mild left foraminal narrowing. Recommendations were made to continue

physical therapy and medications. The claimant underwent two lumbar epidural steroid injections and trigger point injections in October 2008 with a reported exacerbation of low back pain after the epidural injection. The treating chiropractor recommended therapeutic exercises under direct supervision on 11/06/08 and chiropractic modalities were continued as well. Dr. saw the claimant again on 11/25/08 for progressively increasing back and bilateral, right greater than left, leg pain with persistent left upper extremity and right lower extremity reflex, strength and sensory deficits. The claimant agreed to surgical intervention consisting of decompressive laminectomy, discectomy, global arthrodesis with global instrumentation and reduction of the spondylolisthesis. Dr. , chiropractor, continued to recommend additional physical therapy to address the exacerbation following the epidural steroid injection. Notation was made on 01/09/09 that the claimant was unable to perform a home exercise program due to increased low back and leg pain. Physical therapy three times a week for four weeks for the lumbar, thoracic and cervical spine continues to be requested.

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

The requested physical therapy three times a week for four weeks would not be recommended as medically necessary.

Extensive records were reviewed. The claimant has longstanding lumbar and cervical pathology with persistent symptomatology including left upper extremity and right lower extremity radicular findings. The claimant's subjective complaints and objective findings have not responded to medications, physical therapy, injections, work conditioning and extensive chiropractic management. It has been 17 months since the claimant's most recent injury with reported worsening complaints, continued dependence on narcotic analgesia and inability to perform a home exercise program due to pain. Lumbar surgical intervention has been recommended and the claimant as agreed to operative management. The expected benefit of additional therapy is unclear in light of pending surgical intervention and lack of significant improvement following extensive conservative management. It has now been over three months since the epidural steroid injection in October 2008 that caused an exacerbation. At that time the claimant was undergoing chiropractic management. When applying the Official Disability Guidelines the claimant has exceeded recommendation for therapy to the cervical, thoracic and lumbar spine with reference in the records provided to sixteen prior sessions of physical therapy, twenty sessions of work conditioning and at least 17 months of chiropractic management. Medical opinion at this time would not consider twelve additional sessions of physical therapy as medically appropriate due to pending surgery and lack of prior improvement with multiple therapeutic modalities and the questionable benefit with impending surgery. The reviewer finds that medical necessity does not exist for physical therapy three times per week for four weeks (consisting of four units therapeutic exercises, one unit manual therapy, one unit electrical stimulation, not to exceed more than four units per session as related to the lumbar, thoracic and cervical sprain/strain).

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates; Neck and Upper Back- Physical Therapy
Sprains and strains of neck (ICD9 847.0):
10 visits over 8 weeks
Official Disability Guidelines Treatment in Worker's Comp 2009 Updates; Low Back- Physical Therapy

Allow for fading of treatment frequency (from up to 3 or more 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](#), including assessment after a "six-visit clinical trial".

Lumbar sprains and strains (ICD9 847.2):

10 visits over 8 weeks

Sprains and strains of unspecified parts of back (ICD9 847):

10 visits over 5 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)