



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

DATE OF REVIEW: July 2, 2009

IRO Case #:

**Description of the services in dispute:**

Prior authorization – Twelve (12) sessions of physical rehabilitation.

**A description of the qualifications for each physician or other health care provider who reviewed the decision**

The physician who provided this review is board certified by the American Board of Physical Medicine and Rehabilitation. This reviewer has been in active practice since 2005.

**Review Outcome**

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

Upheld

Twelve sessions of physical rehabilitation are not medically necessary.

**Information provided to the IRO for review**

**Records Received from the State**

Notice of case assignment 6/23/09 1 page  
Confirmation of Receipt of Request for IRO 6/22/09 5 pages  
Request for Review by an IRO 6/16/09 3 pages  
Preauthorization Determination 5/15/09 3 pages  
Preauthorization Determination 5/29/09 3 pages

**Records Received from**

Notice to Utilization Review Agent of Assignment of IRO 6/23/09 1 page  
Fax cover sheet regarding request for IRO review 6/16/09 1 page  
Request for Review by an IRO 6/16/09 3 pages  
Preauthorization Determination 5/15/09 3 pages  
Preauthorization Determination 5/29/09 3 pages  
Fax cover sheet regarding request for 12 physical rehab sessions 5/11/09 1 page  
Request for Preauthorization and Concurrent Review 5/11/09 1 page

Physical Therapy Progress Note 5/8/09 2 pages  
Review Determination, MD 5/28/09 1 page  
Fax cover sheet regarding request for 12 physical rehab sessions 5/21/09 1 page  
Request for Preauthorization and Concurrent Review 5/21/09 1 page  
Request for Reconsideration, MD 5/20/09 2 pages

#### Records Received from Pain & Recovery Clinic

Notice of Assignment of IRO 6/23/09 1 page  
Letter, MD to Medical Review Institute 6/24/09 1 page  
Request for Reconsideration, MD 5/20/09 2 pages  
Physical Therapy Progress Note 5/8/09 2 pages

#### Patient clinical history [summary]

The patient is a male whose date of injury is xx-xx-xx. The patient underwent cervical spine surgery in December 2007 and June 2008 as well as shoulder surgery in 2007. The submitted records indicate that the patient has completed at least 50 sessions of therapy as well as 30 sessions of a comprehensive pain management program. Previous requests for additional physical therapy were non-certified, noting the excessive nature of previous physical therapy and noting that the patient should be well versed in a home exercise program. Physical therapy progress note dated 5/8/09 states that the patient reports improved ability for ADLs with less discomfort of the neck. The patient continues to report difficulty swallowing. On physical examination there is mild guarding noted with cervical active range of motion. There is tenderness to palpation of the cervical paraspinals and bilateral trapezius. Cervical range of motion is reported as right rotation 40, left rotation 35, flexion 30 and extension 15 degrees. Deep neck flexors are rated as 3+/5. The patient complains of numbness referred to bilateral hands. The patient has reportedly demonstrated improved strength and active range of motion with active rehabilitation. The request for reconsideration dated 5/20/09 reports that the patient has improved with therapy to this point and has not reached a plateau.

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

Based on the clinical information provided, the reviewer is in agreement with the previous reviewers that 12 sessions of physical rehabilitation are not medically necessary. The patient sustained an injury in January 2007 and has subsequently completed surgical intervention to the cervical spine followed by at least 50 sessions of physical therapy and 30 sessions of a comprehensive pain management program. There is no comprehensive assessment of the patient's response to therapy/pain management completed to date. Current evidence based guidelines support up to 24 visits of physical therapy for the patient's diagnosis, and the patient's treatment to date has grossly exceeded these recommendations. Pain management programs are a tertiary level of care, and generally no more than 20 full day sessions are supported. The patient's 30 sessions of pain management also exceed evidence-based recommendations. Given the excessive nature of the patient's previous treatment, the patient should be well versed in an independent, self-directed

home exercise program for continued strength and range of motion exercises. Additional supervised physical rehabilitation is not considered medically necessary for this patient at this time.

**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