

MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: October 30, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

6 sessions of physical therapy (97110, 97140, 98941)

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

Doctor of chiropractic since 1983, licensed in Texas in 1984, and designated doctor in Texas since 1998.

REVIEW OUTCOME

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Reviews (03/12/08 – 04/04/08)
- Office visits (08/03/09)
- Utilization reviews (09/30/09 - 10/07/09)

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- Diagnostics (11/14/07 – 12/27/07)
- Office visits (02/04/09 - 07/10/09)
- Utilization reviews (09/30/09 - 10/07/09)

ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained injury to her back while lifting heavy boxes weighing approximately 70 lbs on xx/xx/xx.

2007: The patient complained of cervical pain radiating into the left upper extremity to the hand. She was treated with Medrol Dosepak and tramadol. Magnetic resonance imaging (MRI) of the cervical spine was unremarkable. Electromyography/nerve conduction velocity (EMG/NCV) study of upper extremities was unremarkable. MRI of the left shoulder revealed mild tendinosis of the supraspinatus tendon and type II acromion. MRI of the thoracic spine revealed moderate thoracolumbar scoliosis.

2008: In March, D.O., performed a peer review and noted the following treatment history: *Following the injury, the patient was seen at Hospital emergency room (ER) for cervical and shoulder pain. X-rays of the cervical spine were unremarkable. He was treated with hydrocodone/APAP and Motrin. M.D., diagnosed cervical and thoracic intervertebral disc disease, ordered physical therapy (PT) for thoracic and cervical spines, prescribed Lodine, Flexeril, and Medrol Dosepak; and administered an injection of ketorolac. Through September 2007, the patient was treated with PT consisting of manual therapy, moist hot packs, cold packs, neuromuscular re-education, therapeutic exercises, and instructions on a home exercise program (HEP). In October 2007, Dr. assessed cervical facet irritation, cervical radiculitis, thoracic facet irritation and left shoulder impingement syndrome; and referred the patient to Dr. for possible epidural steroid injection (ESI) and PT to include McKenzie exercises, manipulation, and stability exercises. In October and November, the patient continued treatment with Dr. with three units of therapeutic exercises and manual therapy three times per week. On December 21, 2007, M.D., a designated doctor, opined that the patient had not reached maximum medical improvement (MMI) and recommended continuing PT. Dr. recommended trigger point injections (TPIs) to the paracervical musculature followed by myofascial release therapy. Dr. rendered the following opinions: (1) According to the Official Disability Guidelines (ODG) TPIs were not recommended in the absence of myofascial pain syndrome. (2) No additional diagnostics were required. (3) The patient was not a surgical candidate. (4) ESIs would not be supported by the ODG. A consideration could be given to a diagnostic facet block to determine if this could be the source of discomfort. (5) The patient had already participated in an adequate amount of PT and additional PT or chiropractic treatments were not reasonable and expected to provide benefit over a HEP. (6) The patient had reached the point where appropriate management would revolve around an HEP and the judicious use of over-the-counter (OTC) medications. She should certainly be back at the workplace.*

On April 4, 2008, D.O., a designated doctor, assessed MMI and assigned 7% whole person impairment (WPI) rating.

In a letter of rebuttal, Dr. opined that the patient continued to make progression although was hindered by myofascial pain syndrome, which continued to hasten her progression back to successful return to work. The denial of recommended

treatment plan, treatment that was in accordance with the ODG, only further prolonged the patient's return to work at that point.

2009: In February, Dr. evaluated the patient for complaints of significant upper back pain and stiffness, primarily in the left upper trapezius and left rhomboid with significant myospasms. She was being maintained with massage and hot packs at home. Examination revealed mild spasm in the upper left trapezius with trigger points in the upper trapezius and rhomboid musculature. He assessed cervical facet irritation, cervical radiculitis, myospasms, thoracic facet irritation, and left shoulder impingement syndrome. He recommended continuing the use of portable transcutaneous electrical nerve stimulation (TENS) unit following the birth of her child, since she would not be able to take medications. The patient followed with Dr. in June and July. Dr. referred her to Dr. for consultation of TPIs.

In July, M.D., noted the patient subsequently delivered a baby in February and currently was attending a weight reduction program. Dr. prescribed Lidoderm patches and TPIs after she had reached her weight loss goals.

In August, the patient complained of persistent lower cervical, left shoulder, and thoracic stiffness and pain associated with muscle spasms in the left shoulder blade. She was utilizing the portable TENS unit and Biofreeze on her left shoulder and upper trapezius. Examination revealed myospasm of the left upper rhomboid with multiple myofascial trigger points, thoracic vertebra spine stiffness, and decreased cervical range of motion (ROM). Dr. recommended six sessions of trials of chiropractic mobilization for the cervical and upper thoracic region for joint stiffness and muscle spasms in the thoracic and lower cervical region and continuing portable TENS unit and Biofreeze for pain control.

In utilization review dated September 30, 2009, a request for six sessions of PT was denied with the following rationale: *"Called doctor's office and spoke with Dr. The opinions set forth by the requesting provider are much respected. The date of injury is noted as xx/xx/xx, and it is documented that past medical treatment has included treatment in the form of supervised rehabilitation services. There are no submitted symptoms of pain preferable to the cervical region, the thoracic region, as well as the left shoulder. There are no other documented neurological deficits on physical examination. At the present time, for the described medical situation, medical necessity for this specific request is not established. ODG would support an expectation that a person could perform a proper nonsupervised rehabilitation regimen when a person is this far removed from the onset of symptoms and when therapy services have previously been provided. As a result, medical necessity for this specific request would not appear to be established."*

Per utilization review dated October 7, 2009, an appeal for six sessions of active rehabilitation for cervical and left shoulder was denied with the following rationale: *"Per the submitted documentation past treatment in the form of supervised therapy services, WHP, pain management program have been accomplished. The date of injury is over 25 months out now. I spoke with the requesting provider. It does not appear there has been any type of re-injury of the cervical spine at this time. It would appear this request is for symptoms of ongoing pain complaints. ACOBM, ODG support that a patient should be*

encouraged to accept responsibility for and play an active role in their recovery with self-directed home programs. ODG would support an expectation that a person would be functional in an HEP this far out from the date of an injury. Medical necessity for re-initiation of supervised treatment services is not supported at the present time.”

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

Based on the records submitted, the injured employee has no objective evidence of a significant disorder that would support the requirement for more in office supervised formal physical therapy or chiropractic manipulative therapy at this duration. Based on the records submitted, the claimant has received all treatment that is reasonably required by the nature of the injury and was assessed at MMI for the compensable injury. There was no objective evidence in the records of a significant disorder that would support the requested therapy.

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**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**