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Notice of Independent Review Decision

DATE OF REVIEW: March 26, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient physical therapy three times a week for four weeks related to the cervical spine consisting of hot/cold packs, electrical stimulation, ultrasound, manual therapy, massage, therapeutic exercises and therapeutic activities.

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

Certified, American Board of Orthopaedic Surgery

REVIEW OUTCOME

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

X Upheld (Agree)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

XXXXX

- Office visit (12/10/09 – 02/26/10)
- Diagnostic (12/10/09 - 01/29/10)
- Utilization review (02/26/10 – 03/08/10)

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- Diagnostics (12/10/09 - 01/29/10)
- Office visits (12/10/09 – 02/18/10)
- Physical therapy (01/04/10 – 02/26/10)
- Utilization review (02/26/10 – 03/08/10)

XXXXX

- Physical therapy (02/11/2010 – 02/18/2010)
- Utilization review (02/26/10 – 03/08/10)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who fell from seated position out of a chair on xx/xx/xx. She fell forward hitting her head against a table in front of her and sustained injury to her head, neck and low back.

2009: Following the injury, the patient was taken to the xxxxxx emergency room (ER) for head, neck and low back pain with numbness to fourth and fifth digit of left hand. Computerized tomography (CT) of the head and cervical spine and x-rays of the lumbar spine were unremarkable. History was significant for low back surgery about seven years ago. The patient was treated with intramuscular (IM) Toradol and was discharged with ibuprofen, Valium and Vicodin.

M.D., an orthopedic surgeon, evaluated the patient for leg pain, back pain and bilateral knee pain. Examination of the knee revealed soreness in the anterior aspect. Examination of the neck revealed little stiffness and decreased sensation in the C7 dermatome underneath the lateral aspect of the small finger in the left hand. X-rays of the knees and lumbar spine were unremarkable. Dr. Alicea diagnosed sprain of the neck, sprain of the lumbar region and contusion of the knee, prescribed nonsteroidal anti-inflammatories (NSAIDs) and recommended physical therapy (PT).

2010: From January 14, 2010, through February 26, 2010, the patient attended 11 sessions of PT consisting of hot/cold pack, E-stim, therapeutic exercises and cervical traction.

Magnetic resonance imaging (MRI) of the cervical spine revealed mild disc osteophyte complex at C3-C4 with mild bilateral uncovertebral hypertrophy and mild bilateral foraminal narrowing; mild disc osteophyte complex at C4-C5 with mild bilateral uncovertebral hypertrophy, mild spinal canal stenosis and mild bilateral foraminal narrowing; mild disc bulge at C5-C6 with mild spinal canal stenosis; mild disc bulge at C6-C7 with a small left central protrusion and mild canal stenosis and small left central protrusion at C7-T1.

Dr. started the patient on Flector patches, Lyrica and Naprosyn and continued Mobic and PT. The patient continued to have neck pain radiating down the right arm. Dr. assessed cervical spinal stenosis and referred her to Dr. for further evaluation.

Per utilization review dated February 26, 2010, the request for outpatient physical therapy three times a week for four weeks related to the cervical spine consisting of hot/cold packs, electrical stimulation, ultrasound, manual therapy, massage, therapeutic exercises and therapeutic activities was denied with following rationale: *"This claimant was injured when she fell out of a chair hitting her head and back. The request is for additional twelve sessions of physical therapy. The injured worker has already been authorized for twelve sessions. The last office visit shows the injured worker with neck pain with a bit of pain radiating into the right arm. The physical therapy evaluation of February 11, 2010, shows the injured worker with active range of motion of the neck of flexion 70%, extension 50% and lateral flexion right and left 50/50. Lumbosacral spine range of motion is within normal limits. The ODG supports 10 visits for these diagnoses. The injured worker should be on home exercise program at this point. The patient*

has reached the maximal amount of treatment suggested for this condition. There is nothing in the information furnished that indicates a need to deviate from the guidelines. This is not to say that additional therapy is not needed, but only that it need not be administered through a skilled therapist but rather through the active independent home exercise program advocated by the ODG and the American College of occupational medicine evidence-based guidelines. Also further assessment may be necessary and reasonable to determine why the patient is not responding. If the patient needs more than the recommended number of sessions, diagnostics are recommended to identify undiagnosed pain generators. Therefore the request is denied."

Per reconsideration review dated March 8, 2010, request for outpatient physical therapy three times a week for four weeks related to the cervical spine consisting of hot/cold packs, electrical stimulation, ultrasound, manual therapy, massage, therapeutic exercises and therapeutic activities was denied with following rationale: *"This xxxx year old female tipped her chair over and she fell backward and hit her head on xx/xx/xx. She has been complaining of neck pain and shoulder pain. She has had authorization for 12 PT visits and has had Vicodin, Mobic and a cervical collar. On February 26, 2010, a request for additional PT was made but was denied because the requested number would have exceeded the guidelines. For this appeal, there is a note for February 11, 2010, by xxxxx, PT as a re-evaluation for the requested PT. It notes a good response from the prior PT. In it there is a request for heat, ice, ultrasound, E-stim, joint mobilization, manual therapy, therapeutic techniques, massage, therapeutic exercises and therapeutic activities. This would include an additional 12 visits. I do not see any reason given that would justify exceeding the guidelines."*

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

The claimant has a MOI, symptoms, and clinical exam findings consistent with a cervical strain with nonradicular symptoms, as is pertinent to the request for additional cervical PT. The medical documentation has identified pre-existing cervical degenerative spondylosis that does not appear to have been exacerbated or aggravated by the MOI. The request for additional PT does not appear to have been supported by the requestor with a concise clinical rationale explaining how additional treatment beyond ODG criteria is indicated. In consideration of the above, the preauthorization reviewers appear to have appropriately determined that additional PT outside ODG criteria is not indicated.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES