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Notice of Independent Review Decision

DATE OF REVIEW: 7/26/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a series of 12 physical therapy sessions.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a series of 12 physical therapy sessions.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Health Clinic and Casualty.

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from: 7/12/10 letter by, 5/28/10 denial letter, 1/16/10 letter of clarification, Form DWC73, 11/13/09 DWC69 with report, PLN11 dated 5/21/10, DWC45 dated 7/3/10 with addendum, 4/29/10 denial letter, 9/11/09 lumbar MRI report, 11/14/09 neurodiagnostic report, 1/15/10 report by MD and 6/10/10 report by MD.

Farmington: 2/15/10 note by MD, 3/22/10 PT note by MD, 3/24/10 office note by Dr. and 5/21/10 request for reconsideration.

Health Clinic (FHC): 12/14/09 FCE report, care record from FHC, 9/21/09 to 7/13/10 SOAP notes by Dr., PT notes by Dr. 11/19/09 to 3/19/10 and SOAP notes by Dr. 11/20/09 to 12/18/09.

We did not receive WC Network Treatment Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

This mechanic injured his lower back on xx/xx/xx in a work related accident. He began treatment at some point with M.D. and continued to be treated by her for many months. On September 11, 2009 a MRI of the lumbar spine showed 2 to 3 millimeter lateralizing disk material with mild to moderate neural foraminal encroachment bilaterally at L3-4 and L4-5, ligamentous thickening and mild bony hypertrophic changes in the upper two lumbar levels, and a 3 to 4 millimeter disk protrusion at L5-S1 with mid to moderate compromise of the lateral recesses and neural foramina.

An office note from M.D. dated September 21, 2009 stated that the injured worker had a one-month history of severe sharp low back pain radiating to the left leg. According to her recorded note, his spine range of motion was normal, deep tendon reflexes were normal, and there was no evidence of lower extremity weakness or atrophy. A diagnosis of lumbar sprain/strain was made and physical therapy, Naprelan 500 mg b.i.d., Skelaxin 800 mg b.i.d., and Vicodin 5/500 were prescribed.

Dr. continued to follow the patient in October. On November 13, 2009, , M.D. performed a Designated Doctor Evaluation. Dr. noted the reported injury and MRI findings. Dr. Rai stated that the injured worker had been treated with conservative care including physical therapy which did not help and injections. Dr. noted decreased range of motion of the lumbar spine, tenderness at L5-S1, normal straight leg raise, and normal and symmetrical deep tendon reflexes. A Functional Capacity Evaluation performed on December 10, 2009 indicated that the injured worker was functioning at a heavy physical demand level and could return to work without restriction.

On November 14, 2009, M.D. performed EMG and nerve conduction studies which were said to be consistent with bilateral L4, L5, and S1 radiculopathies with a left peroneal mononeuropathy. On November 19, 2009, the patient had a physical therapy and VAX-D treatment session. On January 15, 2010, Dr. saw the patient again in order to determine extent of injury. Dr. concluded "the disk bulge is a result of the injury which also has caused the lumbar radiculopathy." For some reason, Dr. stated at that point that the injured worker could do sedentary work if accommodated although the Functional Capacity Evaluation performed one month prior to this evaluation had shown that the injured worker was able to function at a heavy physical demand level. There are notes from physical therapy and VAX-D treatments on March 19 and March 22, 2010.

A Utilization Review Note from April 29, 2010 indicated that the reviewer had denied 12 sessions of physical therapy. The reviewer indicated that the Guidelines provided 10 visits

over eight weeks for a lumbar strain or sprain. There was a comment that there were documented concerns regarding poor compliance. On May 21, 2010, an Attorney at Law, requested reconsideration of the denial of requested therapy. On June 10, 2010, Dr. performed another Designated Doctor Evaluation and said that the injured worker had developed right shoulder and hand pain at the time of his injury. The medical record, however, contains no mention of neck and shoulder symptoms until Dr. mentioned this on February 15, 2010. Dr. stated that the injured worker had had three months of physical therapy which "helped." Later, in the same report, Dr. stated "the examinee has not undergone any treatment for his back, shoulder, or hand."

On June 14, 2010, Dr. reported that the injured worker was complaining of low back pain radiating to the left lower extremity with associated weakness, numbness and tingling. Dr. reported that the spine exam was "unremarkable" and that range of motion was "within normal limits." She further stated that there was no evidence of lower extremity weakness or atrophy. On July 13, 2010, Dr. reported that the injured worker had not had physical therapy. She stated that he was going to physical therapy in February, 2010 when therapy was denied. A review of the Health Clinic Continuity of Care Record indicates that there was physical therapy provided on September 21, 2009, October 19, 2009, November 18, 2009, November 19, 2009, December 18, 2009, December 21, 2009, February 15, 2010, February 19, 2010, March 22, 2010, March 24, 2010, and April 27, 2010.

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

The medical record presented for review indicates that this injured worker had a documented injury to his lower back on xx/xx/xx. There is no mention of neck or upper extremity symptoms in the record for five months after the injury. The medical record provided for review is confusing and somewhat inconsistent according to the reviewer. The number of therapy sessions provided to the injured worker is not clear. The continuity of care record from the treating facility indicates that 11 physical therapy sessions were provided between September 21, 2009 and April 27, 2010. A note from the Designated Doctor reports that the injured worker had had three months of therapy "which helped." Other notes in the available medical records indicate that the physical therapy did not help.

The accepted diagnosis for this injured worker is unclear. There is evidence of disk degeneration, bulge, and protrusion on MRI. Apparently, the Designated Doctor concluded that these changes were related to the reported injury. The diagnosis of radiculopathy is also in question in this medical record. The EMG report apparently was positive for multilevel lumbar radiculopathy, but nowhere in the medical record is there confirmatory physical evidence of a neurologic deficit that would confirm a diagnosis of radiculopathy.

Regardless of whether the injured worker's accepted diagnosis is lumbosacral strain, disk displacement, or radiculitis, it appears from available medical records that he has received ten physical therapy sessions as recommended by the ODG Guidelines for all three of those diagnoses. Nowhere in the actual medical part of this record did the reviewer see an indication of poor compliance although there is mention of this in several areas of the record which would not be considered "medical" records.

This injured worker has received more than the ten recommended physical therapy sessions. The medical record does not conclusively indicate that this therapy was helpful. The injured worker does not meet the ODG Guidelines for medical necessity for another 12 sessions of physical 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
- 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)