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Notice of Independent Review Decision

DATE OF REVIEW: 08/13/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Appeal Physical Therapy 3xWk x 4Wks 97110 97140

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

Texas Licensed Chiropractor

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Cover sheet and working documents
2. Physical therapy initial evaluation dated 10/20/09
3. Physical therapy daily notes dated 10/22/09 thru 11/23/09
4. Physical therapy progress note dated 11/24/09
5. MRI cervical spine dated 12/01/09
6. Initial evaluation dated 02/16/10
7. Subsequent evaluation dated 02/22/10, 06/07/10, 07/21/10
8. PPE dated 02/26/10
9. Office visit note dated 02/26/10, 03/08/10, 03/10/10, 03/16/10, 03/25/10, 03/29/10, 03/30/10, 04/01/10, 04/02/10, 05/07/10, 06/07/10, 07/21/10
10. MRI right shoulder dated 03/18/10
11. Follow up note dated 06/23/10
12. Reconsideration for physical therapy dated 06/29/10
13. Utilization review determination dated 07/08/10, 06/18/10
14. IRO request for physical therapy dated 07/20/10
15. Letter dated 07/27/10
16. Treatment history
17. **Official Disability Guidelines** reference material
18. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male whose date of injury is xx/xx/xx. On this date the employee was and forcefully pulled downward on his right arm.

The physical therapy initial evaluation dated 10/20/09 indicated that the employee complained of 4-6/10 pain in the right lateral elbow, lateral shoulder, right upper trap and right intrascapular area. The diagnosis was reported as back sprain.

The employee subsequently underwent ten sessions of physical therapy.

A physical therapy progress note dated 11/24/09 indicated that there had been measurable improvement in the employee's condition. Posture of the neck was within normal limits. Deep tendon reflexes were 1+ in the bilateral upper extremities. Strength was rated as 5/5 except 3+/5 in the right upper extremity. Compression test, distraction test, Adson's test, and Vertebral Artery Test were all negative. Cervical range of motion was 10% restricted in all planes. Right shoulder range of motion was full. The diagnosis was listed as shoulder sprain. The employee had no complaints of pain, just a tightness still remains at the end of the day.

An MRI of the cervical spine dated 12/01/09 revealed moderate bilateral foraminal stenosis at C5-C6 with mild compression on the right C6 nerve root in the neural foramen; and at C4-C5 there was moderate bilateral foraminal stenosis with mild impression on both exiting C5 nerve roots.

An initial evaluation dated 02/16/10 indicated that the employee was released to work on 12/02/09. On physical examination, neck pain radiated to the right shoulder and caused range of motion limitation. Flexion and extension were proper in the lower limbs. The right wrist was painful with flexion. Romberg's was negative. There was no neurological deficit or nystagmus. The impression reported neck strain with pain radiating to the right shoulder, right shoulder strain, right wrist strain and interscapular strain with accompanied pain. The employee was recommended to return to physical therapy and was provided Soma and Mobic.

A subsequent evaluation dated 02/22/10 indicated that the employee had not been given a home exercise program.

An office visit note dated 02/22/10 indicated that the employee complained of pain in the neck rated as 8/10, pain in the upper back rated as 1/10, and right shoulder pain rated as 8/10. Physical therapy goals were listed as decreasing pain and inflammation and increasing strength and mobility.

The employee underwent a physical performance evaluation on 02/26/10.

The employee subsequently underwent six additional sessions of aquatic therapy/physical therapy at Spine and Rehab in February-April 2010.

An MRI of the right shoulder dated 03/18/10 revealed mild impingement upon the subacromial space and rotator cuff; no partial or full thickness tear is seen, and no glenohumeral joint instability was identified.

An office visit note dated 04/02/10 indicated that the employee continued to complain of pain to the neck, upper back and right shoulder. The employee reported that sensation had not been improving or worsening since his last treatment.

A subsequent evaluation dated 06/07/10 indicated that the discomfort in the right neck area was now constant, and the employee continued to experience mid back pain. On physical examination, deep tendon reflexes were 2+ bilaterally. Sensory examination revealed decreased sensation along the C5, C6 and C7 dermatomes on the right. Motor evaluation demonstrated 4/5 strength in the right forearm and hand. Maximum foraminal compression test was positive bilaterally, and shoulder depression testing was positive bilaterally. Supraspinatus impingement test was negative on the right, Apley's scratch test was positive on the right, and apprehension test was negative. Range of motion of the cervical spine was flexion 35, extension 30, left lateral flexion 12, right lateral flexion 14, left rotation 40 and right rotation 36. Right shoulder range of motion was flexion 80, extension 20, IR 60, ER 20, abduction 80, and adduction 20. The employee was reportedly unable to perform his home exercise program due to increases in pain. The employee reportedly underwent a cervical epidural steroid injection and reported increased stiffness. The employee was recommended for additional physical therapy 3 x wk x 4 wks.

An IRO request for physical therapy stated that the employee's pain levels had decreased and range of motion had increased. The employee had some improvement with activities of daily living. The goal of additional treatment was to address the employee's current restrictions while training the employee to perform a safe and effective home exercise program.

The request was initially denied on 06/28/10 noting that range of motion, flexion, extension, left and right rotation has not increased despite all treatment and the employee's pain level remains high. The denial was upheld on appeal with the reviewer noting that the request exceeds guidelines, the employee was now ten months post injury and ongoing physical therapy was not recommended by guidelines.

Subsequent evaluation dated 07/21/10 indicated that the employee's physical examination was unchanged. The employee was recommended for EMG/NCV.

Diagnoses were listed as cervical spine sprain/strain, thoracic spine sprain/strain, cervical disc protrusion, and shoulder strain/sprain.

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

Based on the clinical information provided, the request for PT 3 x wk x 4 wks 97110 and 97140 is not recommended as medically necessary.

The employee sustained injuries on xx/xx/xx and was subsequently diagnosed with cervical spine sprain/strain, thoracic spine sprain/strain, cervical disc protrusion, and shoulder strain/sprain.

The employee completed an initial course of ten sessions of physical therapy in 2009. At that time, it was noted that posture of the neck is within normal limits. Deep tendon reflexes were 1+ in the bilateral upper extremities. Strength was rated as 5/5 except 3+/5 in the right upper extremity. Compression test, distraction test, Adson's test, and Vertebral Artery Test were all negative. Cervical range of motion was 10% restricted in all planes. Right shoulder range of motion was full. The employee had no complaints of pain, just a tightness still remained at the end of the day.

The employee subsequently presented in February 2010 with complaints of pain in the neck, upper back and right shoulder and underwent six additional sessions of physical therapy. The **Official Disability Guidelines** support up to ten visits of physical therapy for diagnoses of shoulder strain/sprain, cervical sprain/strain and thoracic sprain/strain. The employee's treatment to date has already exceeded these recommendations, and there is no clear rationale provided to support continuing to exceed **Official Disability Guidelines** recommendations. The employee has not reported significant improvement with physical therapy completed to date to establish efficacy of treatment and support ongoing physical therapy. The employee's subjective pain levels remain high, and range of motion and strength have not improved with physical therapy completed to date. The employee has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.

Therefore, given the current clinical data, the request for physical therapy 3 x wk x 4 wks 97110 and 97140 is not indicated as medically necessary.

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

1. **Official Disability Guidelines** Treatment Integrated Treatment/Disability Duration Guidelines, Shoulder Chapter, Online Version
2. **Official Disability Guidelines** Treatment Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back Chapter, Online Version