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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 12 sessions of physical therapy consisting of 97110, 97140 (x2) and G0283.

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

The reviewer is a Doctor of Chiropractic who has been practicing for greater than 15 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 12 sessions of physical therapy consisting of 97110, 97140 (x2) and G0283.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
and DC.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: 7/12/10 letter by, 6/24/10 denial letter, 7/2/10 review of reconsideration letter, 7/6/10 denial letter, 6/24/10 report by MRloA, 7/6/10 report by, 4/27/10 initial evaluation report, 5/24/10 denial letter, advisory 96-11, 6/18/10 reconsideration letter, 3/5/09 operative report, 5/24/10 report by, 4/27/10 evaluation by MD, 6/4/10 PPE report, undated max voluntary effort test report and 6/29/10 IRO request letter.

Dr.: 7/24/06 radiological reports of right great toe and foot, 8/2/06 feet and ankles bone scan report, 6/30/08 left knee MRI report, DWC 73 report, 6/26/10 evaluation report by Dr. and 6/1/10 eval report by Dr..

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The clinical history is of a female who was injured while working on xx/xx/xx. The records indicate she was injured when a desk drawer fell on her 1st and 2nd toes. She sought treatment and has been treated by Drs. She was treated with a spinal cord stimulator secondary to a diagnosis of RSD and Chronic pain syndrome in March of 2009.

The latest notes provided from June 2010 indicate no exacerbation according to Dr.'s note of 6/1/10. The note by Dr. indicates that aquatic therapy has helped her in the past and that this is the result of a "recent exacerbation". (no record of this exacerbation is included) The PPE of 6/4/10 indicates a lifting capacity of 22 lbs during dynamic carry, dynamic floor to waist and dynamic waist to shoulder. The balance test was diminished on the right while pain stopped the majority of the other work simulation testing. Dr.'s letter of 6/29/10 indicates that "her current home exercise program is making her worse and needs to be treated promptly".

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

The ODG criteria for CRPS treatment is as follows:

Recommended hierarchy of options as indicated below. The goal is to improve function. Multiple pathophysiological mechanisms are responsible including neuropathic (sympathetic and independently-maintained pain), and immunologic (regional inflammation and altered human leukocyte antigens). Both peripheral sensitization and central sensitization have been proposed. There are no evidence-based treatment guidelines but several groups have begun to organize treatment algorithms. Recommendations:

1. Rehabilitation: (a) Early stages: Build a therapeutic alliance. Analgesia, encouragement and education are key. Physical modalities include desensitization, isometric exercises, resisted range of motion, and stress loading. If not applied appropriately, PT can actually be detrimental. (b) Next steps: Increase flexibility with introduction of gentle active ROM and stretching (to treat accompanying myofascial pain syndrome). Other modalities may include muscle relaxants, trigger point injections and electrical stimulation (based on anecdotal evidence). Edema control may also be required (elevation, retrograde sympathetic blocks, diuretics and adrenoceptor blockers when sympathetically maintained pain-SMP is present). (c) Continued steps: Continue active ROM; stress loading; scrubbing techniques; isotonic strengthening; general aerobic conditioning; and postural normalization. (d) Final steps: Normalization of use; assessment of ergonomics, posture and modifications at home and work. In

some cases increased requirements of analgesic medications, psychotherapy, invasive anesthetic techniques and SCS may be required. 2. Psychological treatment: Focused on improved quality of life, development of pain coping skills, cognitive-behavioral therapy, and improving facilitation of other modalities. (a) Early stages: education. (b) Next steps: clinical psychological assessment (after 6 to 8 weeks): identification of stressors; identification of comorbid Axis I psychiatric disorders (depression, anxiety, panic and post-traumatic stress).

3. Pain management: (a) Pharmacological: antidepressants (particularly amitriptyline); anticonvulsants (particularly gabapentin); steroids; NSAIDs; opioids; calcitonin; bisphosphonates; α_1 adrenoceptor antagonists (terazosin or phenoxybenzamine). The latter class of drugs has been helpful in SMP. Clonidine has been given transdermally and epidurally. Bisphosphonates have some literature support in the presence of osteopenia. (b) Minimally invasive: depends on degree of SMP, stage of rehabilitation (passive or active movement), and response to blocks. Responders to sympathetic blocks (3 to 6 blocks with concomitant PT) may be all that is required. For non-responders somatic block or epidural infusion may be required to optimize analgesia for PT. (c) More invasive: After failure of progression or partial relief, consider tunneled epidural catheters for prolonged sympathetic or somatic blocks or neurostimulation with SCS in CRPS-I and II. Also consider peripheral nerve stimulation in CRPS-II and intrathecal drug delivery in patients with dystonia, failed neurostimulation, long-standing disease, multi-limb involvement and requirement of palliative care. (d) Surgical: Sympathectomy is not generally recommended, but has been considered in patients that respond to sympathetic blocks. Pre-procedure the patient should have outcomes assessed with radiofrequency and neurolytic procedures. Motor Cortex Stimulation has been considered.

Outcome measures for all treatments of CRPS: Objective measures such as the Beck Depression Inventory, the State Trait Anxiety Inventory, McGill Pain Questionnaire-Short Form, the Pain Disability Index, & the Treatment Outcomes in Pain Survey (the last three may not meet the APA standards for standardized test in clinical use).

The reviewer opines that this patient has already made it to number 3 subset c of the treatment recommendations when she was provided with a SCS in 2009. It is unclear as to exactly how the patient failed her home exercise program when no documentation of doctor/patient “fine tuning” of such a program exists. It does not appear that the requested medical treatment is necessary at this time based upon the lack of documentation of patient response to other treatments.

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)**