INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 12/13/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute:
1. 97110 - Initial Post-Op Physical Therapy Cervical Spine 3xwk x4wks
2. 97112 - Neuromuscular Re-education Cervical Spine 3xwk x4wks
3. 97140 - Manual Therapy Cervical Spine 3xwk x4wks
4. 97032 - Electrical Stimulation Cervical Spine 3xwk x4 wks
5. 97035 - Ultrasound Therapy Cervical Spine 3xwks x4 wks

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

Texas Board Certified Occupational Medicine

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. 05/04/09 - Emergency Room Report
2. 05/04/09 - Laboratory Report
3. 05/04/09 - Radiographs Chest
4. 05/04/09 - Electrocardiogram
5. 05/05/09 - History and Physical Report
6. 10/12/09 - Laboratory Report
7. 10/29/09 - Clinical Note - DO
8. 12/03/09 - Clinical Note - DO
9. 01/07/10 - Clinical Note - DO
10. 02/04/10 - Clinical Note - DO
11. 02/06/10 - Telephone Note - DO

12. 02/15/10 - Clinical Note - M.D.
13. 04/05/10 - MRI Cervical Spine
14. 04/05/10 - MRI Left Shoulder
15. 04/19/10 - Clinical Note - M.D.
16. 04/29/10 - Clinical Note - M.D.
17. 05/07/10 - Electrodiagnostic Studies
18. 05/17/10 - Clinical Note - M.D.
19. 06/04/10 - Cervical Myelogram and CT
20. 06/09/10 - Clinical Note - M.D.
21. 06/10/10 - Radiographs Chest
22. 06/14/10 - Clinical Note - M.D.
23. 06/15/10 - Operative Report
24. 06/30/10 - Clinical Note - D.C.
25. 07/13/10 - Clinical Note - D.C.
26. 07/13/10 - Clinical Note - M.D.
27. 07/16/10 - Clinical Note - M.D.
28. 07/16/10 - Physical Therapy Prescription
29. 07/16/10 - Texas Work Status Report
30. 07/19/10 - Radiographs Cervical Spine
31. 07/21/10 - Clinical Note - D.C.
32. 08/03/10 - Peer Review Analysis
33. 08/10/10 - Clinical Note - D.C.
34. 08/10/10 - Clinical Note - M.D.
35. 08/12/10 - Notice of Denial of Compensability/Liability and Refusal to Pay Benefits
36. 08/22/10 - Employers First Report of Injury or Illness
37. 09/07/10 - Clinical Note - M.D.
38. 09/07/10 - Clinical Note - D.C.
39. 09/10/10 - Clinical Note - M.D.
40. 09/29/10 - Prescription - M.D.
41. 09/30/10 - Clinical Note - D.C.
42. 10/05/10 - Clinical Note - D.C.
43. 10/05/10 - Clinical Note - M.D.
44. 10/18/10 - Pre-Authorization Request
45. 10/18/10 - Prescription - D.C.
46. 10/21/10 - Utilization Review
47. 11/04/10 - Appeal Letter
48. 11/10/10 - Utilization Review
49. 11/29/10 - Appeal Letter
50. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant is a male who sustained an injury to the low back with radiation to the hands and feet on xx/xx/xx while moving pallets of floor tile.

The claimant saw Dr. on 10/29/09 with complaints of bilateral wrist pain and dysesthesias. The claimant reported numbness and tingling in the median nerve distribution. Physical examination revealed full strength of the upper extremities. There was no atrophy noted over the intrinsics or over the thenar or hypothenar eminences.

The deep tendon reflexes were equal and reactive bilaterally. Tinel's was negative bilaterally. The claimant was assessed with bilateral wrist/hand pain, bilateral carpal tunnel syndrome, bilateral upper and lower extremity peripheral neuropathies, history of alcohol abuse, and history of hepatitis. The claimant received a steroid injection to the flexor crease of the wrists between the flexor carpal radialis and the palmaris longus tendons.

The claimant received a steroid injection to the flexor crease of the wrists between the flexor carpal radialis and the palmaris longus tendons on 02/04/10.

An MRI of the cervical spine performed 04/05/10 demonstrated mild degenerative changes throughout, particularly marked at C6-C7. An MRI of the left shoulder performed 04/05/10 demonstrated a full thickness tear of the anterior fibers of the tendon of the supraspinatus. There was a partial thickness tear/tendinopathy of the posterior fibers of the supraspinatus as well as the tendon of the infraspinatus. There was a partial thickness tear/tendinopathy of the tendon of the subscapularis. There was a SLAP type lesion of the anterior-superior glenoid labrum with involvement of the biceps labral anchor with extension to the anterior-inferior and posterior-superior glenoid labrum. There was thickening of the middle and inferior glenohumeral joints.

Electrodiagnostic studies performed 05/07/10 revealed a probable acute left C8 radiculopathy with a possible component of left C7 nerve root pathology. There was left ulnar sensory neuropathy of unclear etiology. There was mild right median neuropathy at the right. There was no conclusive electrodiagnostic evidence of right cervical radiculopathy.

A cervical myelogram and CT performed 06/04/10 demonstrated central stenosis with spinal cord deformity at C6-C7 due to a broad-based 5 mm thick disc herniation and bilateral flaval hypertrophy. This encroaches on both foramina, slightly worse on the right, but the C7 root sleeves fill out bilaterally. Bilateral facet joint and flaval hypertrophy are present at C7-T1 with secondary dorsal impression on the dural sac and bilateral foraminal encroachment. Neither C8 root sleeve filled distally, but the defect was larger on the right. A vacuum phenomenon was present in the C3-C4 disc and a 2 mm combined disc protrusion with spondylosis at C3-C4 reached the spinal cord and left 10 mm residual midsagittal dural diameter. There was minimal spondylosis toward the right at C5-C6 and a focal 1-2 mm central disc protrusion at C4-C5 without stenosis.

The claimant saw Dr. on 06/09/10 with complaints of neck and left arm pain and numbness. Physical examination revealed tenderness to palpation of the posterior cervical area. Cervical range of motion revealed 40 degrees flexion, 35 degrees extension, and 60 degrees bilateral rotation. The triceps reflexes were absent bilaterally. There was hypoesthesia to pin over the left third, fourth, and fifth digits.

Tinel's was negative over the left wrist and left elbow. The claimant was recommended for a C6-C7 anterior cervical discectomy and fusion.

The claimant underwent anterior cervical discectomy of C6-C7, partial C6 corpectomy, resection of herniated disc, resection of thickened posterior longitudinal ligament, spinal cord nerve root decompression, bilateral C6-C7 foraminotomies with decompression of the exiting nerve roots, anterior cervical fusion of C6-C7 with autologous bone marrow and trinity allograft, placement of pioneer peek interbody fusion cage C6-C7, and anterior instrumentation of C6-C7 using a Stryker plate and screws on 06/15/10.

Radiographs of the cervical spine performed 07/19/10 demonstrated status post C6-C7 anterior cervical discectomy and fusion without evidence of hardware complication. There was C3-C4 spondylosis with 3mm of motion between extension views, likely degenerative.

The claimant saw Dr. on 08/10/10. The claimant rated his pain at 4 to 8 out of 10 on the visual analog scale. The claimant reported dull pain, stiffness, muscle aches, muscle weakness, and burning. The claimant also reported nervousness regarding outcomes and sleep disturbance. Physical examination revealed tenderness, palpatory guarding, weakness, muscle spasm, regionally decreased range of motion, and segmentally decreased range of motion. The claimant was recommended for postoperative physical therapy once released by his surgeon.

The claimant saw Dr. on 09/10/10. The claimant's current pain level was 4 out of 10, mostly spasm in the trapezial area. Physical examination revealed some left C7 hypoesthesia. The deep tendon reflexes are 2+. The triceps was essentially absent. Motor strength was 5/5 in all muscle groups. Radiographs of the cervical spine demonstrated mild to moderate amount of splaying of the spinous processes at C6-C7. The graft, screws, and plate were in anatomical position. It was felt there may be some lucency around the screws at C6. The claimant was assessed with residual neck pain with left arm numbness and tingling. The claimant was fitted with a soft cervical collar. The claimant was recommended for physical therapy. The claimant was advised against passive flexion and extension of the neck.

A prescription by Dr. dated 09/29/10 recommended the claimant for physical therapy.

The claimant saw Dr. on 10/05/10 with complaints of left posterior neck and shoulder pain. A muscle strength test was performed. The note stated the claimant had very good strength for being only a few weeks postsurgical. There was notable weakness and limited range of motion in the left shoulder. The claimant was assessed with displacement of the cervical intervertebral disc without myelopathy, neck sprain,

adhesive capsulitis of the shoulder, and superior glenoid labrum lesion. The claimant was advised to continue conservative care.

The claimant saw Dr. on 10/05/10 with complaints of left posterior neck and shoulder pain. Physical examination revealed guarded movement of the posterior shoulder and the posterior neck. The claimant was prescribed Hydrocodone 7.5/500 mg and Methocarbamol 750 mg.

The request for initial postoperative physical therapy cervical spine, neuromuscular reeducation cervical spine, manual therapy cervical spine, electrical stimulation cervical spine, and ultrasound therapy cervical spine was denied by utilization review on 10/21/10 due to no indication of surgery being requested or authorized under the injury claim. The need for postoperative treatment was not a natural result of the alleged injury. Moreover, the most recent documentation available from the operating surgeon indicated that the claimant should avoid passive flexion or extension of the neck. It was not clear that therapy would be appropriate given this concern.

The request for initial postoperative physical therapy cervical spine, neuromuscular reeducation cervical spine, manual therapy cervical spine, electrical stimulation cervical spine, and ultrasound therapy cervical spine was denied by utilization review on 11/10/10 due to no indication of surgery being requested or authorized under the injury claim. The need for postoperative treatment was not a natural result of the alleged injury. Moreover, the most recent documentation available from the operating surgeon indicated that the claimant should avoid passive flexion or extension of the neck. It was not clear that therapy would be appropriate given this concern.

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

The clinical documentation provided for review does not support the requested postoperative physical therapy with the requested modalities. The claimant did undergo cervical fusion in July of 2010 and was recommended for physical therapy. The claimant's treating physical recommended that the claimant avoid flexion and extension motions in the cervical spine. The number of physical therapy modalities requested exceeds current evidence-based guidelines regarding physical therapy modalities. Five modalities were requested and guidelines recommend that no more than four modalities be performed for physical therapy sessions. Also the claimant has been recommended for passive therapy to include E-stim and ultrasound which are not supported by guidelines over active modalities.

As the clinical documentation does not meet guideline recommendations for the request, medical necessity is not supported.

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

Official Disability Guidelines, Online Version, Neck & Upper Back Chapter and ODG Physical Therapy Preface.