

# **INDEPENDENT REVIEWERS OF TEXAS, INC.**

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 12/26/09

**IRO CASE NO.:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Item in dispute: Eighteen additional physical therapy sessions.

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

Texas Board Certified Physical Medicine & Rehabilitation

**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. Documentation from Dr., 10/14/08, 11/13/08
2. Lumbar spine MRI report, 12/22/08, 05/27/08
3. Electrodiagnostic assessment report, 01/08/09
4. Documentation from Dr., 01/06/09, 05/04/09, 05/27/09
5. Documentation from Dr., 03/20/09, 04/22/09
6. CT scan of the pelvis report, 05/19/09
7. Documentation from Dr., 05/28/09, 06/05/09, 06/18/09, 07/02/09, 07/29/09
8. Documentation from Dr., 07/06/09
9. Documentation from Dr., 07/09/09
10. Documentation from Dr., 08/12/09, 10/21/09
11. Documentation from Physical Therapy, 09/04/09, 09/08/09, 09/25/09, 11/11/09
12. ***Official Disability Guidelines***

**PATIENT CLINICAL HISTORY (SUMMARY):**

The records available for review document that on the date of injury, the employee sustained a fall in the workplace. The employee fell on the right side.

The employee was evaluated by a chiropractor, Dr. on 10/14/08. The employee was diagnosed with a lumbar sprain, a hip joint sprain, a left ankle sprain, and lumbar disc syndrome. It was recommended the employee receive access to treatment in the form of chiropractic treatment.

Dr. reevaluated the employee on 11/13/08. It was noted the claimant had improvement with respect to right hip pain.

A lumbar MRI was accomplished on 12/12/08. This study disclosed findings consistent with a disc bulge at the L5-S1 disc level. There was also evidence for a disc bulge at the L3-L4 and L4-L5 disc levels.

The employee was evaluated by Dr. on 01/08/09. It was noted that in addition to a lumbar MRI, in the recent past, an MRI of the right hip had been obtained which revealed no findings worrisome for intrinsic pathology referable to the right hip. An electrodiagnostic assessment was accomplished on the right lower extremity on 01/08/09 and this study did not reveal any findings worrisome for an active lumbar radiculopathy.

The employee underwent right sided lumbar facet injections to the L5-S1 level on 03/20/09. This procedure was performed by Dr.

On 04/22/09, the employee underwent right sided lumbar facet injections to the L5-S1 level. This procedure was performed by Dr.

On 05/04/09, the employee was evaluated by Dr. The employee had symptoms of severe pain. It was recommended the employee be provided a Medrol Dosepak. Additionally, the employee was provided a prescription for Ultracet and Zanaflex.

A CT scan of the pelvis was accomplished on 05/19/09. This study revealed no findings worrisome for an acute abnormality.

A lumbar MRI was obtained on 05/27/09. This study disclosed findings consistent with a central disc protrusion at the L2-L3, L3-L4, and L4-L5 levels. The report did not describe the presence of any findings worrisome for a compressive lesion upon any of the neural elements in the lumbar spine. There was evidence for a renal cyst on the right. It was also noted there appeared to be prominent gallbladder distention.

Dr. evaluated the employee on 05/27/09. On this date, the employee presented to this physician's office in a wheelchair. The employee had symptoms of severe pain. It was recommended the employee be referred to a "pain doctor".

The employee was evaluated by Dr. on 05/28/09. On this date, the employee was provided a prescription for Dilaudid and it was recommended the employee receive a lumbar epidural steroid injection and a right sacroiliac joint injection.

On 06/05/09, the employee received a right sacroiliac joint injection.

Dr. reevaluated the claimant on 06/18/09. It was noted the employee received excellent pain relief after the right sided sacroiliac joint injection. It was documented the employee was able to return to work. It was recommended the employee receive a right sacroiliac joint injection and a right hip greater trochanteric injection.

On 07/02/09, Dr. reassessed the employee. It was again recommended the employee receive a right sided sacroiliac joint injection and a right hip greater trochanter injection.

The employee was evaluated by Dr. on 07/06/09. On this date, the employee received an injection into the right greater trochanter region.

On 07/09/09, a Designated Doctor Evaluation was conducted by Dr.. It was noted that the employee was participating in work activities. This physician did not yet feel the employee was at a level of Maximum Medical Improvement (MMI). It was recommended the employee receive a right ankle x-ray. It was also indicated the employee "might benefit from trochanteric bursa injection and right sacroiliac joint injection".

On 07/29/09, the employee received a right sacroiliac joint injection and right hip injection. This procedure was performed by Dr..

On 08/12/09, the employee was evaluated by Dr.. It was recommended that a right ankle x-ray be accomplished. It was also noted the claimant was given a prescription for a new lumbar corset.

It appeared the employee received at least four sessions of physical therapy at Physical Therapy from 09/04/09 through 11/11/09.

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

The employee sustained a fall in the workplace on xx/xx/xx. An extensive diagnostic assessment has been completed as described above. Those diagnostic studies did not reveal any findings definitively worrisome for an acute pathological process. Hence, according to the records available for review, the primary medical condition referred to any affected physical structure of the body would appear to be limited to that of a strain/contusion. For such a medical condition, **Official Disability Guidelines** support an expectation that an individual should be fully capable of a proper nonsupervised rehabilitation regimen when an individual has become this far removed from the onset of symptoms. Additionally, for a medical condition of a strain/contusion, the requested number of therapy sessions would exceed the amount recommended by **Official Disability Guidelines**. Hence, in this specific case, based upon the records available for review, **Official Disability Guidelines** would not support a medical necessity for medical treatment in the form of eighteen sessions of physical therapy. The submitted documentation available for review does not support a medical necessity for eighteen sessions of physical therapy in this specific case.

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

##### **1. Official Disability Guidelines**