

# MATUTECH, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** May 21, 2010

**IRO CASE #:**

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

Postoperative lumbar PT 3 x week x 4 weeks (12 sessions)

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

Board Certified Orthopedic Surgeon

**REVIEW OUTCOME**

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Office visits (08/27/09– 04/01/10)
- Diagnostic (10/05/09)
- Surgery (10/05/09)

**Orthopedics**

- Surgery (10/05/09)
- Office visits (01/07/10– 04/01/10)
- Therapy (02/26/10 –03/29/10 )
- Utilization reviews (04/01/10 – 05/06/10)
- ODG criteria (04/27/10)

**TDI**

- Utilization reviews (04/07/10 – 04/16/10)

**ODG have been utilized for the denials.**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who was injured on xx/xx/xx, after he tripped over a beam while moving a drilling rig and developed significant low back pain.

**2008:** No records are available.

**2009:** In August, the patient was evaluated by, M.D., for complaints of significant low back pain and bilateral lower extremity pain radiating to his feet. The patient had physical therapy (PT) and several treatments of DRX decompression with minor relief. History was positive for neck and back surgery and benign essential hypertension. He was utilizing Benicar HCT, Flomax, Valium, Phenergan and hydrocodone/acetaminophen. Examination revealed tenderness in the lumbar paraspinal musculature bilaterally and in the right sciatic notch with a positive straight leg raise (SLR) on the right. X-rays showed degenerative disc disease (DDD) at L5-S1. A magnetic resonance imaging (MRI) showed a pars defect at L5-S1 and facet hypertrophy causing bilateral neural foraminal stenosis. Computerized tomography (CT) also showed bilateral pars defect of the lumbar spine.

On October 5, 2009, Dr. performed L5 Gill procedure, L5-S1 transforaminal lumbar interbody fusion, L5-S1 posterolateral fusion, posterior instrumentation using the Orthofix Blackstone pedicle screw system and placement of StaXx expandable PEEK interbody spacer. Postoperatively, Vicodin ES and carisoprodol were added and he was referred to physical therapy (PT) for lumbar rehabilitation. X-rays of 11/5/09 were documented by Dr. to show good position of the graft and hardware at L5-S1. An injection was provided in the right hip region for complaints of pain over the right trochanteric bursa.

**2010:** Dr. noted the patient was recovering well but he had some pain over the right trochanteric bursa. A cortisone injection was therefore administered. It was noted that the patient was undergoing PT of the 12 sessions that were approved with two sessions remaining. He still had a lot of difficulty with overhead bicycle, treadmill and some swelling in the hands. A PT progress note of 3/26/10 documented 5/5 strength throughout the lower extremity musculature except for 5-/5 strength in the left quadriceps muscle; range of motion was documented as flexion 35-10=25, extension 5-0=5, side bend right 12-3=9, and side bend left 7-0=7. Motion prior to 3/26/10 was documented on 2/26/10 as deferred.

In April, Dr. administered a second cortisone injection in the right hip. He obtained x-rays of the lumbar spine which revealed good positioning of the instrumentation and an apparent ongoing arthrodesis at L5-S1. X-rays of the hip revealed some mild degenerative changes. Dr. requested 12 more PT sessions to the lumbar spine.

On April 7, 2010, M.D., denied the request for postoperative lumbar PT with the following rationale: *"The date of injury is xx/xx/xx , (one year ago). The patient is a with low back pain. He underwent L5-S1 fusion on October 5, 2009. Requested were 12 postoperative sessions of therapy. The patient has attended 24 postoperative sessions of therapy to date. There are no objective indications of progressive, clinically significant improvement from recent therapy. Continuation of therapy should be predicted on a formal assessment validating improvement and function at intervals of six sessions. There is no indication as to why supervised therapy is required for this patient. At this point in time, the patient should be proficient in a home exercise program. The medical necessity*

*of this request is unsupported by the records. This conclusion is consistent with Official Disability Guidelines (preface and chapter on the low back)."*

On April 16, 2010, a reconsideration request for PT was denied. Rationale: *"There are no objective indications of progressive, clinically significant improvement from recent therapy. Conversation with medical assistant fails to provide adequate documentation for requested additional therapy, in particular, the degree of range of motion. Physical therapy notes state that the claimant has 5/5 strength and the ROM is "deferred". There is lack of objective clinical information to support additional therapy. Otherwise, transition to HEP would be appropriate."*

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

This claimant is now 7 ½ months status post single level fusion. It would appear as early as 04/07/10, 24 visits of physical therapy have been provided post operatively. The ODG Guidelines certainly address post surgical physical treatment after fusion. Thirty-four visits maximum over 16 weeks can be recommended. Although it is unclear that 34 visits were provided, the recommended number of treatments would certainly take this claimant over the 34 visit guideline. Furthermore the 16 week duration of therapy has certainly been exceeded in this case. For both of these reasons the information provided would not satisfy the ODG Guidelines for the additional physical therapy requested.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**