



Notice of Independent Review  
Decision-WC



CLAIMS EVAL

Utilization Review and  
Peer Review Services

**CLAIMS EVAL REVIEWER REPORT - WC**

**DATE OF REVIEW: 5-19-10**

**IRO CASE #:**

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

12 sessions of physical therapy

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

American Board of Physical Medicine and Rehabilitation

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- 2-5-10 Physical therapy evaluation.
- Physical therapy on 2-5-10, 2-8-10, 2-9-10, 2-11-10, 2-17-10, 2-18-10, 2-19-10, 2-22-10, 2-24-10, 2-25-10, 3-3-10, 3-4-10, 3-5-10, 3-9-10, 3-15-10, 3-16-10, 3-22-10, 3-29-10, 3-31-10,
- Physical therapy progress note dated 3-28-10.
- 4-1-10 Notice of adverse determination.
- 4-9-10, MD., letter of reconsideration.
- 4-12-10, MD., PhD., performed a Peer Review.
- 4-18-10 Notice of Adverse determination.
- 5-7-10, MD., provided a letter.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

2-5-10 Physical therapy evaluation. The claimant presented with severe pain and restrictions in her cervical, right elbow, shoulder and thoracic region. Her functional ability to perform ADL is limited secondary to pain. The claimant will begin Phase I on her active rehab. Plan of care: Joint mobilization, therapeutic exercises, neuromuscular reeducation and manual therapy. Physical therapy on 2-5-10, 2-8-10, 2-9-10, 2-11-10, 2-17-10, 2-18-10, 2-19-10, 2-22-10, 2-24-10, 2-25-10, 3-3-10, 3-4-10, 3-5-10, 3-9-10, 3-15-10, 3-16-10, 3-22-10, 3-29-10, 3-31-10,

Physical therapy progress note dated 3-28-10 notes the claimant reports neck pain with ADL. The evaluator reported the claimant presented with severe pain and restrictions in her cervical spine, right elbow, shoulder and thoracic region. The evaluator reported the claimant will begin phase I of her active rehab protocol.

4-1-10 Notice of adverse determination. The evaluator denied the request for 12 sessions of active physical therapy to the neck. The employee had extensive treatment, including several programs of physical therapy on different areas. The evaluator did not find any clinic note from the treating MD to justify any further physical therapy for any area. Therefore, he does not meet ODG.

4-9-10, MD., letter of reconsideration for physical therapy 12 sessions. The claimant's progress had not plateaued. She can still demonstrate improvements if AROM, strength and tolerance and performance of lifting, pushing, and pulling. She has not yet reached pre injury functional level. The evaluator felt that at it would be in the best interest for the claimant to further develop her area of deficiency so that she may return to her work duties. Denying this request and discontinuing her treatment prior to her being able to transition back to work is contra productive, jeopardizes her progress and places her at increased risk of functional disability.

4-12-10, MD., PhD., performed a Peer Review. It was her opinion that she sustained a mild cervical sprain/strain Injury. A strain to her right shoulder and what appears to be a contusion to her right elbow. I would note available records simply describe a vast array of subjective complaints with little in the way of findings noted.

Objective examination findings in her physical examination are limited. Claimant obviously had neck and low back complaints. Current records indicated claimant has had approximately 14 PT sessions and about 3 OV with a medical provide. Although the office visits are not excessive, the PT sessions are prolonged, The ODG recommends about 8 office visits and 9-10 PT sessions for an acute sprain/strain injury. There should be no need for any further forms of intervention based upon available Information. Physical examination information provides no indication that she should need any further physical therapy, Injections, office visits, medications, or work conditioning/work hardening, or orthopedic consultation based upon the Instant event and a compensable Injury. Physical exam findings indicated no evidence of neurologic deficits. Additionally, claimant also has had cervical MRI and X-rays that were essentially unremarkable. She has had at least 20 sessions of work hardening in the recent past also. Physical examination information contained in these records Indicated subjective complaints without objective neurologic deficits. She is neurovascularly intact. The job description would indicate that this is a medium physical demand characteristic job. Claimant should be able to return to her previous job. The evaluator would note this claimant has had similar complaints in the past and required an inordinate period of time away from work and an excessive amount of Intervention at least according to the information provided. The evaluator would note FCE testing should not be performed unless the provider can that the results of the FCE test will be valid and consistent. No work hardening or work conditioning should be needed based on the present records. No further forms of intervention are warranted at this time based upon available data. The ODG indicates the diagnoses of sprain/strain resolves within 4-8 weeks. There are no recommendations for chronic analgesics, PT and/or follow up care.

4-18-10 Notice of Adverse determination - A Peer to Peer performed on 4-14-10 between IRO and Dr. for Dr.. The IRO requested form Dr. additional information to superior the request for additional sessions to the cervical spine. Dr. did not have the chart, but would cal the IRO back. As of 4-16-10, Dr. did not call nor left any messages. The evaluator did not receive additional information therefore, the denial remains unchanged.

5-7-10, MD., provided a letter. The claimant's progress has not plateaued. She can still demonstrate improvements of AROM, strength, and tolerance and performance of lifting, pushing, and pulling. She has not yet reached her pre-injury functional level. She is expected to continue to demonstrate further improvements in all parameters with physical rehabilitation. It is in the best interest of the patient to further develop in her areas of deficiency, so that she may return to her work duties. Denying this request and discontinuing her treatment prior to her being able to transition back to work is counterproductive, jeopardizes their progress, and places the patient at increased risk of functional disability. It is reasonable that she have a short course of a more aggressive rehabilitation program to address these functional deficits. This patient continues to have functional deficits. She is improving with physical rehabilitation, and her progress has not plateaued. She will continue physical rehabilitation, as this is the most effective and rapid means to overcome her functional deficits, achieve her pre-injury functional level, achieve clinical MMI, and return to work. On this basis, the evaluator respectfully request reconsideration for 12 sessions of physical rehabilitation for the claimant.

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

Extensive medical records have been reviewed and summarized. The date of injury is listed as x/x/xx. There are no documented, definitive neurological deficits on physical exam, and it is documented that since the date of injury, at least 19 sessions of therapy services have been provided. It is documented that the claimant was involved in a motor vehicle accident on the date of injury. For the described medical situation, Official Disability Guidelines support an expectation that an individual should be capable of a proper non supervised rehabilitation regimen when an individual has received the amount of therapy services previously provided. The below noted reference would not presently support this request as one of medical necessity. The request for additional therapy services would exceed the amount recommended by the above noted reference. As a result, per criteria set forth by the above noted reference, medical necessity for treatment in the form of additional therapy services is not established in this specific case.

**ODG-TWC, last update 04-16-10 Occupational Disorders of the Neck and Upper Back – Cervical physical therapy:** Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. (Rosenfeld, 2000) (Bigos, 1999) For mechanical disorders for the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. (Philadelphia, 2001) (Colorado, 2001) (Kjellman, 1999) (Seferiadis, 2004) Physical therapy seems to be more effective than general practitioner care on cervical range of motion at short-term follow-up. (Scholten-Peeters, 2006) In a recent high quality study, mobilization appears to be one of the most effective non-invasive interventions for the treatment of both pain and cervical range of motion in the acutely injured WAD patient. (Conlin, 2005) A recent high quality study found little difference among conservative whiplash therapies, with some advantage to an active mobilization program with physical therapy twice weekly for 3 weeks. (Kongsted, 2007) See also specific physical therapy modalities, as well as Exercise.

### **ODG Physical Therapy Guidelines –**

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial". Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0):  
9 visits over 8 weeks

Sprains and strains of neck (ICD9 847.0):

10 visits over 8 weeks

Displacement of cervical intervertebral disc (ICD9 722.0):

Medical treatment: 10 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks

Post-surgical treatment (fusion, after graft maturity): 24 visits over 16 weeks

Degeneration of cervical intervertebral disc (ICD9 722.4):

10-12 visits over 8 weeks

See 722.0 for post-surgical visits

Brachia neuritis or radiculitis NOS (ICD9 723.4):

12 visits over 10 weeks

See 722.0 for post-surgical visits

Post Laminectomy Syndrome (ICD9 722.8):

10 visits over 6 weeks

Fracture of vertebral column without spinal cord injury (ICD9 805):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 34 visits over 16 weeks

Fracture of vertebral column with spinal cord injury (ICD9 806):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 48 visits over 18 weeks

Work conditioning (See also Procedure Summary entry):

10 visits over 8 weeks

**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 KNOWLEDGBASE
- 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)