



Medical Review Institute of America, Inc.  
America's External Review Network

DATE OF REVIEW: November 18, 2010

IRO Case #:

**Description of the services in dispute:**

Physical Therapy (12 visits)

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

This physician reviewer is board certified by the American Board of Psychiatry and Neurology in Neurology and Hospice and Palliative Medicine. This reviewer completed a fellowship in Neuro-oncology and is a member of American Academy of Neurology, and the American Society of Clinical Oncology.

**Review Outcome:**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be upheld. The requested 12 physical therapy visits are not medically necessary.

**Information provided to the IRO for review:**

Received from the State 10/27/10:

- Confirmation of Receipt of a Request for a Review by an Independent Review Organization 10/26/10 – 5 pages.
- Request for a Review by an Independent Review Organization 10/26/10 – 3 pages.
- Prior Review 09/28/10 – 3 pages.
- Prior Review 09/16/10 – 4 pages.

Received from Utilization Review Agent 10/28/10:

- Letter from to 10/28/10 – 1 page.
- Prior Review 09/28/10 – 3 pages.
- Prior Review 09/16/10 – 4 pages.
- Physical Therapy Note 08/12/10 – 1 page.
- Physical Therapy Evaluation 07/13/10 – 2 pages.
- Follow Up Note of Dr. 04/28/10 – 1 page.
- Neurological Consultation 04/07/10 – 2 pages.
- EMG/NCV Studies 04/26/10 – 2 pages.
- Clinical Note of Dr. 03/18/10 – 2 pages.

- CT Cervical Spine 03/15/10 – 3 pages.
- CT Myelogram 03/15/10 – 2 pages.
- CT Cervical Spine 02/16/10 – 3 pages.
- Clinical Note of Dr. 02/23/10 – 2 pages.
- Clinical Note of Dr. 12/08/09 – 1 page.
- Operative Report 12/07/94 – 2 pages.
- ODG Treatment Guidelines: Neck and Upper Back (Acute & Chronic) – 4 pages.

**Patient clinical history [summary]:**

The patient is a woman with a date of injury of xx/xx/xx. She is status post cervical discectomy and fusion of C6–7 in 12/94. She had subsequent surgery in 12/95. Diagnoses are muscular wasting and disuse atrophy 728.2 and cervicgia 723.1. Another diagnosis given is cervical spondylosis 721.0. The patient had PT in 07/10 with documentation of improvement per PT progress notes. There is a new request for continued PT three times a week for four weeks that has been denied due to lack of medical necessity. The neurologist seeing this patient has not evaluated her since 04/10. Two prior reviews have denied claim based on peer-review, evidence-based guidelines. The most recent note from treating neurologist was 04/28/10, and it was noted that EMG revealed bilateral carpal tunnel syndrome and no evidence of cervical radiculopathy. Initial neurologic consultation was on 04/07/10. A previous CT myelogram and MRI of done before this consult did not find evidence of radiculopathy.

**Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:**

Based on review of ODG integrated treatment/disability duration guidelines, additional physical therapy services as requested are not medically necessary. Previous reviews accurately defined the indications and limits of PT in the setting of neck pain and spondylosis. A reevaluation by her neurology consultant has not taken place.

For certain diagnoses PT is recommended. ODG states the following:

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. (ConlinI, 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).

For cervicgia and cervical spondylosis, the ODG PT guidelines recommend a total of 9 visits over 8 weeks (1), and for sprains and strains of the neck (847.0), 10 visits over 8 weeks. There is no

neurological follow-up to determine if this need is still ongoing.

**A description and the source of the screening criteria or other clinical basis used to make the decision:**

Official Disability Guidelines–Neck–Physical Therapy (<http://www.odgtwc.com/odgtwc/neck.htm#Physicaltherapy>)