

AccuReview
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: NOVEMBER 15, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Four sessions cervical physical therapy

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

This physician is a physical medicine and rehabilitation specialist with 14 years of experience.

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

There is a City of xx Employee Injury/Illness Report that states the claimant sustained an injury to the neck when he was using a 10' folding ladder to remove bicycles that are suspended from the ceiling by a hanging rack approximately 20'

from the floor. Employee was standing on the ladder with bicycle in his arms over his head when he lost balance. He had to twist bike over his head in an awkward movement to keep from falling off the ladder.

On xx/xx/xx, the claimant wrote a memo to Sgt. stating how his injury occurred and that since that time he has had a burning sensation in the back of his neck to the right side of his spine.

On May 12, 2010, the claimant was evaluated by M.D. He had complaints of cervical pain, left greater than right, radiating into the right scapula and pain in the bilateral arm, left greater than right. He has had 9 sessions of physical therapy so far with no relief. An MRI dated 5/3/10 showed mild disc bulges at C5-6, C6-7 with potential for mild foraminal narrowing at C6-7. Dr. recommended Epidural Steroid Injections and continued physical therapy.

On June 9, 2010, M.D. performed a Cervical Epidural Steroid Injection at C7-T1.

On June 25, 2010, the claimant was evaluated by M.D. His chief complaint was neck pain, left greater than right upper extremity pain. He received an epidural steroid injection at C7-T1 6/9/10 in which he received 100% relief from his scapula pain, 75% improvement in both upper extremity pain as well as the numbness and paresthesias he was experiencing. However, his cervical pain is now more equal left and right with no improvement in pain level. He does continue to have intermittent paresthesias in his right arm.

On July 6, 2010, the claimant underwent an initial evaluation at Select Physical Therapy. Prior to this evaluation the claimant underwent 9 sessions of physical therapy. It was recommended that the claimant attend rehabilitative therapy for 2 visits a week for 4 weeks.

On July 21, 2010, M.D. performed a second Cervical Epidural Steroid Injection at C7-T1.

On August 3, 2010, the claimant was re-evaluated at Select Physical Therapy after 6 visits. He states his pain is changing, it is less deep and more superficial. He reports an 80% decrease in the symptoms in his arms.

On August 4, 2010, the claimant was evaluated by PA-C. Following his second ESI he did not sustain a significant improvement as he did with his first. Dr. recommended facet injections and continued physical therapy.

On August 25, 2010, the claimant was re-evaluated by M.D. The claimant is requesting the facet injections. Dr. recommended proceeding with the Facet Injections.

On August 26, 2010, M.D. performed a Cervical Facet Injection at C5-6.

On August 31, 2010, the claimant was re-evaluated at Select Physical Therapy after 12 visits. Tingling and pain in his left arm is a once a week occurrence. He has noted less neck pain with a feeling of stiffness in neck and shoulders. It is recommended he continue physical therapy 2 times a week for 4 weeks.

On September 8, 2010, the claimant was re-evaluated by PA-C. Following his facet injection he has made significant improvement and does not require pain medications. Dr. recommended additional physical therapy for work out the remainder of the tightness in his neck and shoulder girdle area.

On October 1, 2010, the claimant was re-evaluated at Physical Therapy after 18 visits. He has improved with decreased overall pain, but have still be unable to make the feelin of strain and tightness in the neck resolve. Additional therapy of 2 visits over 2 weeks was recommended.

On October 15, 2010, M.D., a Physical Medicine and Rehabilitation Physician performed a utilization review on the claimant. Rationale for denial: The requested service exceeds the Official Disability Guidelines level of care. The claimant has already had 19 therapy visits and should be ready for a home physical therapy program. Therefore it is not certified.

On October 20, 2010, the claimant was re-evaluated by PA-C. He has attended 20 physical therapy sessions. He complains of more muscle tightness that is increased with cervical rotation. He returned to work without difficulty. Additional physical therapy that was denied was re-submitted for approval.

On October 25, M.D., an Orthopedic Surgeon performed a utilization review on the claimant. Rationale for denial: The requested service exceeds to Official Disability Guidelines level of care. Claimant should be on a home exercise program. Therefore it is not certified.

PATIENT CLINICAL HISTORY:

On xx/xx/xx, the claimant sustained an injury to the neck when he was using a 10' folding ladder to remove bicycles that are suspended from the ceiling by a hanging rack approximately 20' from the floor. Employee was standing on the ladder with bicycle in his arms over his head when he lost balance. He had to twist bike over his head in an awkward movement to keep from falling off the ladder.

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

Decision upheld as per the ODG Cervical Spine Chapter, which recommends 12 PT visits for radiculitis. Claimant has already had PT visits in excess of ODG recommendations and this request further exceeds these recommendations.

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 KNOWLEDGEBASE
- 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)