

Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 5, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy 2x WK x 3Wks cervical 97070 97140 97110

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

The physician performing this review is Board Certified, American Board of Physical Medicine & Rehabilitation. He is certified in pain management. He is a member of the Texas Medical Board. He has a private practice of Physical Medicine & Rehabilitation, Electrodiagnostic Medicine & Pain Management in Texas. He has published in medical journals. He is a member of his state and national medical societies.

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.

Upon independent review, I find that the previous adverse determination should be upheld. The *ODG* guidelines have not been met for this service.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records Received: 19 page fax 07/18/11 IRO request, 47 page fax 07/19/11 Carrier response to disputed services including administrative and medical. 50 page fax 07/19/11 Provider response to disputed services including administrative and medical. Dates of documents range from 03/29/11 to 07/18/11

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the neurological consultation from Dr., he noted that when he saw the patient 03/29/11 she reported that she had posttraumatic headaches, neck pain, and lower back pain. According to the patient, she was a shuttle driver and on 02/13/11 assisting passengers when a latch on the SUV came loose, hitting her on the right top of her head. She was dazed but did not lose consciousness. She was dizzy and felt weak. She got back on the shuttle. She kept working. By the next morning, she described severe headaches and went to the Methodist Hospital emergency room, where she was diagnosed with a brain concussion. Dr. noted that he did not believe they performed any testing. The patient was given medication. Three days later, she went to complaining of headaches, dizziness, neck pain, difficulty focusing, and problems with memory. A CT scan was ordered and was negative. She also underwent x-rays of the cervical spine and was diagnosed as having a brain concussion and cervical sprain/strain, and a neurology evaluation was recommended.

The patient noted that her dizziness at the time Dr. saw her was no longer present. There was no vertigo, hearing loss, or tinnitus. There was no loss of balance or disequilibrium. There was no vestibular symptom. She had occasional headaches, which were improved with over-the-counter medication. She indicates that occasionally she would have some lower back pain and spasm. There were no radicular symptoms. She had never had radicular symptoms. She was noted to be working but not driving. She would handle passenger baggage. She was on light duty. She worked in a booth eight hours a day. She was assessed by Dr., who made a recommendation that she continue only over-the-counter medication. Dr. noted there was no need for any additional workup or a more aggressive interventional treatment plan. Dr. wanted to see her back in about four weeks to check on her progress. She was requested to contact Dr. if there was any change in her symptoms.

The patient's only additional significant treatment summary was the functional capacity evaluation at and Physical Therapy 07/06/11. She was evaluated and, as a result of the functional capacity evaluation, recommended to participate in a return-to-work work-hardening program. A request for preauthorization of a multidisciplinary work-hardening program was indicated to have been submitted. The records provided do not indicate whether or not this was actually submitted and, if so, what response was made to a request for work hardening.

In light of the *ODG* criteria for physical therapy treatment in relationship to the IRO request, there is no support within the *ODG* that would indicate that further treatment of the physical therapy type would be medically reasonable and

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necessary, as the patient had a temporary cervical sprain/strain/contusion without objective findings indicating orthopedic or neurological disorder. In addition, the current record indicating that the patient needed to be involved in a work-hardening program would also indicate that regular, basic physical therapy was no longer, as of July 2011, being considered as necessary but that treatment was being considered for advanced work hardening procedures.

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

ODG guidelines indicate that basic physical therapy following a sprain/strain/contusion to the cervical region in the absence of any objective neurologic or orthopedic deficit and with no indication of correlation from an advanced imaging study, treatment in excess of the treatment received would be medically reasonable and necessary as a result of the described work injury to require overriding the ODG criteria

IRO 35863

Physical therapy (PT)	<p>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. (<u>Rosenfeld, 2000</u>) (<u>Bigos, 1999</u>) For mechanical disorders for the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. (<u>Philadelphia, 2001</u>) (<u>Colorado, 2001</u>) (<u>Kjellman, 1999</u>) (<u>Seferiadis, 2004</u>) Physical therapy seems to be more effective than general practitioner care on cervical range of motion at short-term follow-up. (<u>Scholten-Peeters, 2006</u>) 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. (<u>Conlinl, 2005</u>) 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. (<u>Kongsted, 2007</u>) See also specific physical therapy modalities, as well as <u>Exercise</u>.</p> <p>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 <u>ODG Preface</u>, including assessment after a "six-visit clinical trial".</p> <p>Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks</p>
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	<p>Sprains and strains of neck (ICD9 847.0): 10 visits over 8 weeks</p> <p>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</p> <p>Degeneration of cervical intervertebral disc (ICD9 722.4): 10-12 visits over 8 weeks See 722.0 for post-surgical visits</p> <p>Brachia neuritis or radiculitis NOS (ICD9 723.4): 12 visits over 10 weeks See 722.0 for post-surgical visits</p> <p>Post Laminectomy Syndrome (ICD9 722.8): 10 visits over 6 weeks</p> <p>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</p> <p>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</p> <p>Work conditioning (See also <u>Procedure Summary</u> entry): 10 visits over 8 weeks</p>
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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)