

SENT VIA EMAIL OR FAX ON  
Aug/04/2011

## IRO Express Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Aug/03/2011

**IRO CASE #:**

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

Therapeutic Activities, Manual Therapy, Ultrasound Therapy, Electrical Stimulation

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

Board Certified Orthopedic Surgeon, Practicing Neurosurgeon

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

1. Request for IRO dated 07/13/11
2. CT of hip dated 11/12/10
3. MRI lumbar spine dated 12/02/10
4. Clinic note Dr. dated 12/17/10
5. Clinic notes Dr. dated 01/12/11, 02/01/11
6. MRI cervical spine dated 01/28/10
7. EMG/NCV study dated 01/31/11
8. Clinic note Dr. dated 02/25/11
9. Clinical records Dr. dated 05/09/11, 05/11/11, 06/06/11, 06/20/11, 06/22/11
10. Physical therapy treatment records
11. Letter of medical necessity dated 06/21/11
12. Utilization review determination dated 06/07/11
13. Utilization review determination dated 06/23/11

## **PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who is reported to have sustained work related injuries on xx/xx/xx. She is reported to have set on a broken chair and fell to the floor with acute onset of low back pain. Records indicate on 11/12/10 the claimant underwent CT of lower extremity which notes cystic changes in subchondral acetabulum which are degenerative in origin. There is no evidence of fracture. There is a small bone island within posterior femoral head. MRI of lumbar spine was performed on 12/02/10. This study reported degenerative changes with degenerative discs at L3-4 and L4-5 without significant impact on neural elements. There is degenerative disc at L5-S1 with left paracentral disc protrusion contacting the left nerve root with displacement, effacement, and loss of peroneal fat.

On 12/17/10 the claimant was seen by Dr.. Dr. indicates the claimant 5'4" tall and weighs 174 lbs. She has normal heel / toe walking. She has mild tenderness over the lumbar spine and no evidence of muscle spasms. Straight leg raise in sitting position is negative. Reflexes are 2+ and symmetric. She is opined to have lumbar soft tissue injury and L4-5 disc protrusion without clinical significance. She was recommended to continue with conservative treatments.

On 01/12/11 the claimant was seen by Dr.. It is reported that the claimant lost her balance striking her left shoulder against the wall then falling to the floor on left side. Over the next week she began to experience increasing cervical pain in bilateral shoulders and increasing lumbar pain. After therapy treatment she began noticing increasing lumbar pain that radiates into left lower extremity. She reported numbness and tingling in left thigh. She is noted to have history of fibromyalgia diagnosed in 1998 and a history of TIA in 2000 affecting her left side. Physical examination indicates she is noted to have lumbar tenderness and no obvious spasms. Motor strength is 5/5. Careful testing of light touch suggest decreased sensation in right upper arm digits 1-5 bilaterally, lateral aspect of left leg and lateral aspect of feet posteriorly. Deep tendon reflexes are 2+ at biceps, 3+ at triceps, 3+ at bilateral patella, and 3+ at ankles. There is reproducible Hoffman's on left hand but not right. There is 2-3 beats of clonus noted on right. It is noted that the claimant has hyperreflexia in upper and lower extremities which could be consistent with myelopathic lesion but could also be seen as sequela from history of TIA. She subsequently was recommended to undergo electrodiagnostic studies of lower extremities.

On 01/28/11 the claimant was referred for MRI of cervical spine. This study notes multilevel cervical spondylosis with mild spinal stenosis at C5-6. EMG/NCV study was performed on 01/31/11. A full report was not submitted for review. The evaluator opines the claimant has chronic but active cervical radiculopathy, mild bilateral median nerve entrapments across carpal tunnels, mild concurrent lumbar radiculopathy versus referred cervical irritation.

On 05/09/11 the claimant was seen in follow-up by Dr.. She is noted to have tenderness of neck, left shoulder, low back and left hip. She was recommended to undergo cervical epidural steroid injections. She is to be evaluated for bilateral carpal tunnel syndrome. She is recommended to have trigger point injections of upper back and left shoulder. Records indicate the claimant was initiated on course of physical therapy receiving approximately 10 visits.

When seen in follow-up on 05/11/11 the claimant was evaluated for right knee complaints. She is noted to have tenderness to palpation. She was diagnosed with contusion, chondromalacia bilaterally posttraumatic. She was recommended to have home exercise program and physical therapy. A request was placed on 06/02/11 for claimant to receive additional physical therapy to lumbar spine for 4 weeks. The number of visits appears to be 12.

The claimant was seen in follow-up by Dr. on 06/06/11. She continues to have moderate pain in left shoulder. She reported moderate pain in low back. She reported pain to be 7/10. She reported left hip pain graded as 8/10. She reported her left groin pain comes and goes and she is 50% better after receiving injection. She is recommended to have spinal rehabilitation as treatment alternative to epidural steroid injections. She has again received

trigger point injections.

On 06/07/11 the initial request for additional physical therapy was reviewed by Dr. Dr. notes the claimant has had 12 recent visits of physical therapy and was noted to be performing home program. It is noted that physical therapy notes from 05/25/11 and 05/31/11 indicate the claimant has increased pain in right knee with stiffness, soreness, aching and burning. It is noted that the documentation fails to indicate reasonable level of functional improvement or subjective benefit with prior trial of physical therapy that would support its continuation. As such, the request was non-certified.

On 06/21/11 Dr. submitted a letter of medical necessity. He noted the claimant sustained an injury to her left hip and lumbar spine. It is reported that she has undergone therapy and injection but continues to have elevated levels of pain radiating to lower extremities and low back. She reported being unable to perform activities of daily living. He recommends the claimant have myofascial release of left hip and lumbar spine. Physical examination remains unchanged.

The subsequent request appeal request was reviewed by Dr. on 06/23/11 who notes that the claimant has had therapy since 12/21/10 and that she has exceeded the amount of therapy that is required for lumbar sprain strain with myalgias per Official Disability Guidelines. He notes that the claimant should be transitioned to a home exercise program. He opines that the treating physician has not established the medical necessity for requested physical therapy in accordance with Official Disability Guidelines. He subsequently non-certifies the request.

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

The request for therapeutic activities manual therapy ultrasound therapy and electrical stimulation is not supported by the submitted clinical records. The available records indicate that on the date of injury the claimant sustained injuries to her low back hip and knee as a result of a fall from a rolling chair. She has undergone extensive diagnostic evaluation and subsequently received 12 sessions of physical therapy. The physical therapy notes indicate that the claimant continues to have significantly elevated levels of pain and there is no documentation contained in these records to establish that the claimant has made improvements with this treatment. Despite having undergone 12 sessions of physical therapy the claimant continues to have subjective report or significant subjective limitations in ADLs. The request currently exceeds evidence based recommendations for treatment of the claimant's conditions and further ultrasound therapy and electrical stimulation are not supported in Official Disability Guidelines noting that there is insufficient peer reviewed literature to establish the efficacy of this treatment in either acute or chronic low back pain. Based upon the totality of the clinical information submitted the previous denials are appropriate and therefore upheld.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**