

# P&S Network, Inc.

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## Notice of Independent Review Decision

### MEDICAL RECORD REVIEW:

**DATE OF REVIEW:** 02/03/2011

**IRO CASE #:**

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

This case was reviewed by a Pain Management (Board Certified), Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

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

Outpatient physical therapy (PT) twelve (12) sessions to the right shoulder, right elbow, lumbar, right hip and right knee areas consisting of therapeutic exercises, electrical stimulation (e-stim), massage and instructions in a home exercise program (HEP) not to exceed four units per session.

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o xx/xx/xx Notice of Employee's Work-Related Injury/Illness from the employee
- o xx/xx/xx Initial examination report from Dr.
- o 10-25-10 Follow up report from Dr.
- o 10-27-10 Initial examination report from Dr. DC
- o 10-29-10 PM and Rehab treatment notes week 2 from Dr., DC
- o 11-03-10 Medical report from Dr.
- o 11-09-10 Right shoulder MRI read by Dr.
- o 11-10-10 reevaluation report from Dr.
- o 11-17-10 Right knee MRI red by Dr.
- o 11-19-10 Rehab reassessment notes from Dr., DC
- o 11-22-10 Reevaluation report from Dr.
- o 11-29-10 Reevaluation report from Dr.
- o 12-02-10 Lumbar spine MRI read by Dr.
- o 12-03-10 Rehab progress notes from Dr., DC
- o 12-07-10 Reevaluation report from Dr.
- o 12-08-10 Notice of Disputed Issues from the carrier

- o 12-10-10 Rehab progress notes from Dr., DC
- o 12-14-10 Reevaluation report from Dr.
- o 12-22-10 Reevaluation report from Dr.
- o 01-04-11 Notice of Intent to Issue an Adverse Determination
- o 01-05-11 Notice of Utilization Review Findings
- o 01-05-11 Letter for Reconsideration from Dr.
- o 01-06-11 Preauthorization request fax from Dr.
- o 01-12-11 Notice of Intent to Issue an Adverse Determination
- o 01-13-11 Notice of Utilization review Findings - Reconsideration
- o 0x-03-10 Fax cover appeal from unsigned
- o 01-14-11 Request for IRO from the Claimant
- o 01-18-11 Confirmation of Receipt of Request for IRO from TDI
- o 01-19-11 Notice to P&S of Case Assignment from TDI
- o 01-20-11 Reevaluation report from Dr.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

According to the medical records and prior reviews the patient is a female employee who sustained an industrial injury to the right shoulder, right elbow, low back, right hip and right knee areas on xx/xx/xx when she slipped on a wet floor. She reported the incident as "slipped and as I was trying not to fall was trying to grasp onto the wall." The accepted injuries involved the right knee meniscus, lumbar sprain, right shoulder, right hip and right elbow.

At initial examination on xx/xx/xx the patient demonstrated pain with motions at the right shoulder, elbow, hip and knee. Swelling and clicking were noted in the shoulder. She is obese (BMI 31.0) at 5'3" and 175 pounds. Impingement test is positive at the shoulder. McMurray's is negative at the knee. X-rays were taken and showed unremarkable studies of the shoulder, elbow and knee. She has sprain injuries. She will use Zipsor 25 mg twice daily for the knee sprain.

The patient was reevaluated by her provider on October 25, 2010 for right shoulder and right knee pain. She is not working. She reports a pain level of 8/10. She reports pain with shoulder motions and a clicking sensation. There is no right hip joint pain or right knee pain. The hip and knee pain are getting better but the shoulder pain is worse. Her weight is 5' 4" and 183 pounds. There is tenderness at the AC joint and acromion, restricted shoulder motion and pain with impingement test. Hip and knee examinations are unremarkable. Recommendation is for rest, analgesics, ice, restricted activities and follow-up in one week.

The patient was initially examined by her chiropractic provider on October 27, 2010. She states she tried to catch herself as she fell on a recently mopped floor. She developed right shoulder, right elbow/forearm and (lesser pain) at the right hip and knee. She was treated medically with x-rays taken and she was taken off work. She is seen this visit for physical medicine rehabilitation. She has some difficulty with sleeping and daily activities. Right shoulder flexion and abduction are 160/170. Tenderness and moderate swelling and edema about the shoulder are noted. Apply Scratch test is positive. Elbow ROM is normal. Right hip motions are restricted. Mild pain is noted at the right knee. All orthopedic testing to the right elbow, right hip and right knee are negative. She has sprain injuries. Plan is to improve shoulder ROM, increase strength and endurance and return the patient to work. 12 visits are planned. Treatment content will be both passive and active.

Handwritten reassessment notes dated October 29, 2010 outline progress with the second week of rehab. The patient completed all exercises slowly. She continues to work on ROM and strength. Treatment content is primarily active with cold packs/heat and electrical muscle stimulation added. The examination notes are brief and illegible.

The patient was reevaluated on November 3, 2010 by her provider. She remains off work. She reports a pain level of 3/10. She is not using any medication. The hip and knee are better, but the shoulder remains a concern. There is tenderness at the right AC joint and acromion process. There is pain with impingement test. There is pain at the right shoulder with motion and ROM is restricted. Hip and knee examination is unremarkable. Treatment plan remains the same.

Handwritten treatment notes dated November 8, 2010 outline treatment for treatment week "1 of 4." On Monday, she complains of mild pain at the right shoulder and thoracic spine, swelling at the right hip and mild tightness of the right hip. On Wednesday she complains of sharp pain at the right shoulder with extension movements and mild pain and tightness at the right hip. Massage and active exercises were provided.

Right shoulder MRI performed on November 9, 2010 was given impression: 1. No convincing evidence for impingement syndrome. 2. No convincing evidence for rotator cuff tear. 3. Capsulitis of the right shoulder.

The patient was reevaluated by her provider on November 10, 2010. Pain is noted at the right shoulder with passive and active motions. Her right hip and knee started hurting again since returned to work. The examination is unchanged, although pain was noted with knee flexion/extension. The knee is stable with testing. Recommendation is for knee MRI.

Rehab reassessment notes of November 19, 2010 indicate persisting right shoulder pain and restricted motion. She also complains of mild pain to the right hip and knee with walking. Additional therapy is desired for ROM and strengthening.

Right knee MRI performed on November 17, 2010 was given impression: 1. Evidence of joint effusion. 2. tear of the posterior horn of the medial meniscus. 3. Mild contusion of the anterior cruciate ligament.

At reevaluation on November 22, 2010 the patient has right shoulder pain with elevation of the shoulder in any direction. There is swelling at the shoulder. She has right-sided low back muscle spasm and pain that radiates to the right knee and right knee joint

pain since returning to work. Shoulder exam is unchanged. Lumbar spasms are noted and a positive straight leg raise (right or left not stated). There is tenderness at the lateral collateral ligament at the right knee. MRI of the low back and right knee are recommended.

The patient was reevaluated on November 29, 2010. The examination is unchanged.

Lumbar MRI was performed on December 2, 2010 and revealed no evidence of fracture, dislocation, bone bruise or bone contusion. No evidence of solid or cystic bone lesions. There is mild straightening of the lumbar spine probably secondary to muscle spasm. No evidence was seen for a bulge or herniation L1-L3. At L4-5 there is minimal posterior bulge with minimal impingement on the thecal sac. At L5-S1 there is a 2 mm posterior disc bulge with some impingement on the thecal sac and bilateral facet synovitis.

Rehab progress notes dated December 3, 2010 indicate completion of the third of four weeks of treatment. On Tuesday she complained of light pain to the right elbow and right hip and right knee. She reports no pain to the right shoulder on this visit. On Thursday she complained of mild pain to the hip and light pain to the right elbow. Massage and exercises were provided. A physical examination is not reported.

On December 7, 2010 the provider noted tenderness in the right low back region with muscle spasm. The shoulder examination is unchanged. Tenderness was noted in the mid back. Diagnosis is sprained right shoulder, sprained right elbow, sprained, right hip sprained anterior cruciate ligament of the knee, sprained right knee, lumbar strain, bulging disc L4-5 and L5-S1.

Rehab progress notes of December 10, 2010 after the fourth week of treatment states complaints of moderate pain to the right hip and knee and mild pain to the right shoulder. A physical examination is not reported. Additional therapy is recommended for ROM and strength.

Reevaluation reports of December 14, 2010 and December 22, 2010 indicate the patient is essentially unchanged.

The patient was reevaluated by her chiropractic rehabilitation provider on December 17, 2010 after completing four weeks of physical medicine rehabilitation. She reports continuing favorable reduction of pain and improving ROM-flexibility of her injured body parts with treatment. However, she continues to report pain in the lumbar spine, right hip and right knee rated as 5/6 that increases with extended weight bearing, climbing stairs/steps, stooping, bending, lifting and she is unable to squat or kneel. She reports right shoulder pain of 4/5 with extremes of ROM and lifting and minimal residual pain in the right elbow/forearm. MRI showed a 2 mm disc bulge at L4-5 on December 2, 2010. Shoulder MRI showed no convincing evidence of impingement syndrome, rotator cuff tear or capsulitis. Knee MRI showed joint effusion, tear of the posterior horn of the medial meniscus and mild ACL contusion. She remains off work and requires prescription medication for pain and inflammation (meds not stated). Her work at the State Prison System does not allow for work restrictions. She is not at MMI and requires additional weeks of PM-rehab to promote full recovery and attain MMI status. Examination shows normal right shoulder ROM with moderate residual pain at end-ranges of motion. There is mild pain and tenderness with palpation in the anterior shoulder with minimal swelling-edema noted. There are no positive orthopedic tests in regard to the shoulder. Examination of the right elbow shows normal ROM with no pain elicited. Orthopedic testing of the elbow is negative and strength is full. Lumbar flexion is to 40 degrees and extension to 10 degrees with strong pain with all motions. Tenderness and muscle spasm are noted in the right low back. Positive orthopedic tests include: Kemp's, Hip adduction test, Yeoman's test, Advancement test and Milgram's test. Reflexes are normal. Right hip ROM is normal with minimal residual pain, full strength and no positive orthopedic tests. Right knee strength is 4/5. The patient is 5' 2" and 180 pounds. Recommendation is for 12 additional visits of PT. Plan is outlined for ROM and strengthening with active treatments.

An additional four weeks of physical medicine was requested on December 30, 2010.

Request for outpatient physical therapy (PT) twelve (12) sessions to the right shoulder, right elbow, lumbar, right hip and right knee areas consisting of therapeutic exercises, electrical stimulation (e-stim), massage and instructions in a home exercise program (HEP) not to exceed four units per session, was considered in review on January 5, 2011 with recommendation for non-certification. The patient has sprain injuries to the shoulder, elbow and knee from a fall. She has attended 12 sessions of PT. Current office visit describes tenderness at the right AC joint, full shoulder motion but with pain throughout ROM. Lumbar flexion is to 40 degrees and extension to 10 degrees. Kemp's, Yeoman's and Milgram's are positive. Right knee ROM is normal and orthopedic testing is negative. ODG supports up to 12 PT visits for the patient's diagnoses. The claimant has reached the maximum amount of PT suggested for this condition and there is nothing in the information furnished that indicates a need to deviate from the guidelines. This is not to say that additional therapy is not needed, but only that it need not be administered through a skilled therapist but rather through active independent home exercise program advocated by the ODG and ACOEM evidence-based guidelines. Also further assessment may be necessary and reasonable to determine why the claimant is not responding. If the claimant needs more than the recommended number of sessions, diagnostics are recommended to identify undiagnosed pain generators.

Reconsideration was requested on January 5, 2010 via what appears to be a pre-edited letter. An additional 6 sessions would be acceptable on a modified basis with understanding that the additional 6 would be allowed if he (sic) continues to improve. She has progressed well with significant improvement in the treatment already provided. Treating patients with multibody area injuries requires slightly longer treatment than would be expected. Multiple injuries and her weight would be considered complicating

factors outlined in the ODG. It is the provider's opinion that supervised therapy in a clinical setting will optimize her recovery rather than a home based exercise program at this point. Hopefully, continued focus on the knee will enable her to avoid surgery. A surgical need can be assessed within six additional visits. These goals can be realized by increasing his (sic) quadriceps and hamstring strength.

Request for reconsideration, outpatient physical therapy (PT) twelve (12) sessions to the right shoulder, right elbow, lumbar, right hip and right knee areas consisting of therapeutic exercises, electrical stimulation (e-stim), massage and instructions in a home exercise program (HEP) not to exceed four units per session, was considered in review on January 13, 2011 with recommendation for non-certification. Per the reviewer the patient has attended 12 visits of PT for sprain injuries. ODG recommends up to 10 visits over 8 weeks for sprains of the rotator cuff, sprains and strains of the knee; cruciate ligament of the knee (ACL tear): Medical treatment: 12 visits over 8 weeks. The claimant has reached the amount of therapy normally suggested for this condition. This is not to say that additional therapy is not needed, but only that it need not be supervised therapy, administered through a skilled therapist, but rather it can be unsupervised therapy delivered in an unsupervised manner, through an active independent home exercise program, or in the work environment in a gradually increased work duty program, advocated by the ODG and ACOEM evidence-based guidelines. The patient should be in a home exercise program at this time.

Request was made for an IRO.

The patient was most recently reevaluated on January 20, 2011. Her pain is unchanged. She also has emotional lability, depression, insomnia, low self esteem and absence of motivation. The examination is unchanged, although tenderness is noted at the medial and lateral collateral ligaments of the right knee.

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

ODG supports 9-12 visits for the patient's diagnoses. The patient has completed 12 visits.

Prior to initiating therapy, she reports on October 25, 2010 pain with shoulder motions and a clicking sensation. There is no right hip joint pain or right knee pain. The hip and knee pain are getting better but the shoulder pain is worse. There is tenderness at the AC joint and acromion, restricted shoulder motion and pain with impingement test. Hip and knee examinations are unremarkable. Following 12 sessions of therapy, on December 17, 2010 the patient has mild pain and tenderness with palpation in the anterior shoulder with minimal swelling-edema noted. There are no positive orthopedic tests in regard to the shoulder. Examination of the right elbow shows normal ROM with no pain elicited. Orthopedic testing of the elbow is negative and strength is full. Lumbar flexion is to 40 degrees and extension to 10 degrees with strong pain with all motions. Orthopedic testing of the elbow is negative and strength is full. Tenderness and muscle spasm are noted in the right low back. Positive orthopedic tests include: Kemp's, Hip adduction test, Yeoman's test, Advancement test and Milgram's test. Right hip ROM is normal with minimal residual pain, full strength and no positive orthopedic tests.

Current report of December 17, 2010 states, the patient requires prescription medication for pain and inflammation. However further medication use is not clarified. On xx/xx/xx the patient will use Zipsor 25 mg twice daily for the knee sprain. On November 3, 2010 the patient is not using any medication. The patient has completed the recommended amount of therapy for her diagnoses. There does not appear to have been any reduction of medication with the therapy provided. Additionally, as the patient is entering a chronic stage, additional passive modalities of electrical muscle stimulation and massage would not be appropriate. The patient's work status is also not clarified. On November 22, 2010 her right hip and knee started hurting again since she returned to work. On December 17, 2010 the provider reports her work at the State Prison System does not allow for work restrictions. There does not appear to be a surgical indication per either imaging or the clinical findings for any of the treated body parts.

Most pertinent, there is no contraindication documented to continuing rehabilitation with HEP. The patient's compliance with HEP is not reported, although it is noted that she lacks motivation. The patient should be doing HEP at this time. The medical records do not establish the medical necessity of the requested treatment plan.

Therefore, my recommendation is to agree with the previous non-certification for outpatient physical therapy (PT) twelve (12) sessions to the right shoulder, right elbow, lumbar, right hip and right knee areas consisting of therapeutic exercises, electrical stimulation (e-stim), massage and instructions in a home exercise program (HEP) not to exceed four units per session.

The IRO's decision is consistent with the following guidelines:

**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

The Official Disability Guidelines -:

ODG 12-15-10 Elbow Chapter: Physical Medicine Guidelines: General: Up to 3 visits contingent on objective improvement documented (ie. VAS improvement of greater than 4). Further trial visits with fading frequency up to 6 contingent on further objectification of longterm resolution of symptoms, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.

Sprains and strains of elbow and forearm (ICD9 841):

Medical treatment: 9 visits over 8 weeks

ODG 12-15-2010 Hip and Pelvis Chapter: Physical Medicine Guidelines -

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less). Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.

Sprains and strains of hip and thigh (ICD9 843): 9 visits over 8 weeks

ODG 12-15-2010 Knee Chapter: Physical Medicine Guidelines:

Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2): Medical treatment: 12 visits over 8 weeks

ODG 12-15-2010 Lumbar Chapter: ODG Physical Therapy Guidelines - Allow for fading of treatment frequency (from up to 3 or more 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".

Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks

Sprains and strains of hip and thigh (ICD9 843): 9 visits over 8 weeks

ODG 12-15-201 Shoulder Chapter - 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.

Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12):

Medical treatment: 10 visits over 8 weeks