

# P&S Network, Inc.

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## MEDICAL RECORD REVIEW:

**DATE OF REVIEW:** 04/26/2011

**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 Chiropractor, 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**

97110 Additional physical therapy cervical 3 x week x 2 weeks; 2 units per session

97530 Therapeutic Activities cervical 3 x week x 2 weeks; 2 units per session

97140 Myofascial Release Therapy cervical 3 x week x 2 weeks

## **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**

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who sustained an industrial injury on xx/xx/xx. The patient indicated that she was unloading a pallet of toys and hurt her neck, shoulders, and back. She was evaluated and cervical and thoracic spine x-rays were performed. Cervical spine x-rays revealed hyperlordosis and thoracic spine x-rays revealed scoliosis. She was assessed with thoracic strain, cervical radiculopathy, and cervical strain. She was referred to physical therapy.

On January 6, 2011, it was noted that the patient has persistent symptoms despite conservative treatment and an MRI was recommended. As of January 17, 2011, she reported that she had undergone the initial physical therapy evaluation and felt a slight improvement in her functional status. On January 31, 2011 she indicated that she was making progress with physical therapy. The patient had completed 2 out of 6 prescribed visits. She indicated that she was performing a home exercise program

daily. On February 8, 2011, the patient's third visit, she stated that the left side feels better. She indicated that she was working modified activity with acceptable tolerance.

On February 14, 2011, the patient reported to her physician that she felt that the pattern of symptoms was essentially unchanged. The report notes that the patient did not present until nearly x month after the injury and has had limited improvement despite routine conservative treatment. A recommendation was made for a pain management evaluation and treatment and possible rehabilitation/work hardening. A February 28, 2011 note indicates that the patient was now x months post injury and was not progressing despite routine conservative treatment.

The patient switched treating doctors to the requesting doctor and was seen on March 14, 2011 with complaints of pain and spasm in the upper back and neck with radiation of symptoms down the right arm. Examination findings included positive bilateral maximal foraminal compression, positive bilateral shoulder depression, decreased sensation in the right C5 and C6 dermatomes, and absent right biceps reflex. Range-of-motion was measured at flexion 36, extension 34, left rotation 42, right rotation 44, left lateral flexion 23 and right lateral flexion 26.

On March 21, 2011, the patient underwent a cervical spine MRI with an impression as follows: 1. 1 mm central disc bulge at C4-5 without cord compression. 2. Left neural foraminal stenosis at C7-T1 secondary to uncinate spurring. 3. The cervical spine is otherwise normal.

The request was reviewed on March 18, 2011 and a non-certification rendered. The report noted that the claimant reported to the chiropractor that the prior therapy was minimal. A discussion was held with the treating doctor regarding the necessity of additional therapy when there is evidence that the prior therapy was not helpful.

A March 30, 2011 treatment note indicates that the patient was assessed with unchanged findings. Handwritten notes are largely illegible.

The request was again reviewed on March 30, 2011 and a non-certification rendered. The treating doctor had reportedly indicated that the patient's cervical MRI showed mild spondylosis. He reportedly indicated that he felt that the patient did not receive quality rehabilitation at the other facility. Based on the fact that the patient had no improvement of clinical significance to warrant continuation of supervised rehabilitation, a non-certification decision was determined.

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

There are several indications that the patient did not respond adequately to previous attempts at physical therapy. On February 14, 2011, it was noted that the patient had limited improvement despite routine conservative treatment. Referral was recommended for a pain management evaluation. A February 28, 2011 note indicated that the patient was x months post injury and was not progressing despite routine conservative treatment. In addition, after initiation of physical therapy with the more recent provider, the records did not clearly and legibly demonstrate evidence of objective functional improvement over the initial sessions. In fact, the March 30, 2011 treatment note indicated that the patient had an unchanged assessment. Without an indication of objective functional improvement, the evidence-based guidelines do not recommend physical medicine treatment as an option. Therefore, my determination is to uphold the previous determinations to non-certify the request for 97110 Additional physical therapy cervical 3 x week x 2 weeks; 2 units per session; 97530 Therapeutic Activities cervical 3 x week x 2 weeks; 2 units per session; and 97140 Myofascial Release Therapy cervical 3 x week x 2 weeks.

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

\_\_\_x\_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

ODG Preface:

Physical medicine treatment (including PT, OT and chiropractic care) should be an option when there is evidence of a musculoskeletal or neurologic condition that is associated with functional limitations; the functional limitations are likely to respond to skilled physical medicine treatment (e.g., fusion of an ankle would result in loss of ROM but this loss would not respond to PT, though there may be PT needs for gait training, etc.); care is active and includes a home exercise program; & the patient is compliant with care and makes significant functional gains with treatment.

ODG: Neck & Upper Back Chapter

Physical Therapy:

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".