

# **INDEPENDENT REVIEWERS OF TEXAS, INC.**

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 05/20/11

**IRO CASE NO.:**

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

Item in dispute: Reconsideration of Forte's NON-AUTHORIZATION of Outpatient physical therapy three (3) times a week for two (2) weeks to consist of therapeutic exercises, manual therapy, ultrasound and electric stimulation up to four (4) units per day. Original decision UPHELD. Recommend NON-AUTHORIZATION.

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

Texas Board Certified Occupational Medicine

**REVIEW OUTCOME**

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

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. 02/08/11 - Emergency Room Report
2. 02/08/11 - Emergency Department Nursing Assessment
3. 02/08/11 - CT Cervical Spine
4. 02/09/11 - Clinical Note - MD, MPH
5. 02/16/11 - Clinical Note - MD, MPH
6. 02/24/11 - Clinical Note - MD, MPH
7. 03/11/11 - Clinical Note - MD, MPH
8. 04/01/11 - Clinical Note - MD, MPH
9. 04/08/11 - Pre-Authorization Request
10. 04/15/11 - Clinical Note - MD, MPH
11. 04/14/11 - Notice of Utilization Review Findings
12. 04/27/11 - Clinical Note - MD, MPH

- 13.05/03/11 - Physical Therapy Evaluation
  - 14.05/04/11 - Pre-Authorization Information Form
  - 15.05/09/11 - Request for Review by an Independent Review Organization
  - 16.05/11/11 - Clinical Note - MD, MPH
  - 17.05/12/11 - Notice of Utilization Review Findings
  - 18.05/13/11 - Notice to Independent Reviewers of Texas of Case Assignment
  - 19.05/13/11 - Notice to Utilization Review Agent of Assignment of Independent Review Organization
- 20.Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is a female who was involved in a motor vehicle accident on xx/xx/xx.

The employee was evaluated in the emergency room on xx/xx/xx. The clinical note was difficult to interpret due to poor handwriting and copy quality. The employee complained of pain in the neck and upper back rating 8 out of 10. Physical examination of the back and extremities was unremarkable. CT of the cervical spine demonstrated anterior fusion from C4 to C6 with anterior sideplate and screws. There are interbody grafts which were well incorporated at the C4-C5 and C5-C6 levels. There were mild-to-moderate degenerative changes throughout the cervical spine. There was lucency through the anterior tubercle of the left transverse process at C2, possibly representing a vascular channel or a non-displaced fracture. There was no significant prevertebral soft tissue swelling. There was no significant lymphadenopathy. The employee was assessed with fracture of transverse process of C2.

The employee saw Dr. on 02/16/11 with complaints of neck pain, mid back pain, and low back pain. Current medications included Lortab, Flexeril, and Motrin. Physical examination revealed moderate tenderness to palpation of the bilateral cervical paraspinals, upper trapezius, and rhomboid musculature. Range of motion revealed flexion to 35 degrees, extension to 30 degrees, right rotation to 45 degrees, and left rotation to 45 degrees. There was moderate tenderness to palpation of the bilateral thoracic paraspinal musculature. There was mild tenderness to palpation of the lumbar paraspinal musculature. Sensation was intact to light touch throughout. The deep tendon reflexes were normal throughout. Radiographs of the cervical spine demonstrated normal alignment without evidence of fracture or bone lesion. Stability was noted on flexion and extension views. The employee was assessed with neck sprain/strain, thoracic sprain/strain, and lumbosacral strain. The employee was recommended for physical therapy.

The employee saw Dr. on 03/11/11 with complaints of neck pain, mid back pain, and low back pain. The note stated the employee had completed five sessions of physical therapy with progress. Physical examination revealed moderate tenderness to palpation in the bilateral cervical paraspinals, upper trapezius and rhomboid musculature. Cervical range of motion was diminished. Flexion was to 35 degrees, extension to 30 degrees, right rotation to 45 degrees, and left rotation to 45 degrees. There was no evidence of atrophy. There was moderate tenderness to palpation of the bilateral thoracic paraspinal musculature. There was mild tenderness to palpation of the

lumbar paraspinal musculature. Sensation was intact to light touch throughout. The deep tendon reflexes were normal throughout. The employee was assessed with cervical sprain/strain, thoracic sprain/strain, and lumbosacral strain. The employee was recommended for six additional sessions of physical therapy.

The employee saw Dr. on 04/15/11 with complaints of neck pain and stiffness. Current medications included Lortab, Flexeril, and Motrin. Physical examination revealed negative Spurling's. Straight leg raise was negative bilaterally. There was no evidence of sensory loss. Range of motion of the cervical spine revealed flexion to 30 degrees, extension to 30 degrees, right lateral flexion to 30 degrees, left lateral flexion to 30, and bilateral rotation to 60 degrees. Range of motion of the lumbar spine revealed flexion to 65 degrees, extension to 10 degrees, left lateral bending to 20 degrees, and right lateral bending to 20 degrees. The employee was assessed with neck sprain/strain, thoracic sprain/strain, and lumbosacral strain. The employee was recommended for physical therapy.

The request for outpatient physical therapy three times a week for two weeks to cervical to consist of therapeutic exercises, manual therapy, ultrasound, and electric stimulation up to four units a day was denied by utilization review on 04/14/11. The last examination stated no cervical tenderness to palpation, no muscle spasms, functional range of motion, and manual muscle testing within normal limits. There was no sufficient documentation or rationale for additional physical therapy.

The employee saw Dr. on 04/27/11 with complaints of cervical spine pain. Physical examination revealed normal strength and tone of the bilateral upper extremities. Range of motion revealed flexion to 30 degrees, extension to 30 degrees, right lateral flexion to 30 degrees, left lateral flexion to 30, and bilateral rotation to 60 degrees. Range of motion of the lumbar spine revealed flexion to 65 degrees, extension to 10 degrees, left lateral bending to 20 degrees, and right lateral bending to 20 degrees. The employee was recommended for MRI of the cervical spine and physical therapy.

The employee was seen for physical therapy evaluation on 05/03/11. The employee complained of bilateral neck pain and occasional thoracic and lumbar pain. The employee also reported daily headaches. The employee stated she was unable to drive, and she did not feel that she could perform her work activities "out in the field" as they involve lifting and carrying. The note stated the employee received physical therapy from 03/01/11 through 03/18/11. Physical examination revealed limited range of motion of the cervical spine. Flexion was to 5 degrees, extension was to 25 degrees, right rotation was to 30 degrees, and left rotation was to 20 degrees. There was decreased muscle strength of the bilateral shoulders. The employee was able to roll, sit, stand, and transfer independently with no difficulty. The employee stated she was able to perform activities of daily living and functional skills, but had to rest quite

frequently due to increased pain and fatigue. The employee was assessed with bilateral cervical spine and middle trapezius pain, headache, joint stiffness, decreased cervical range of motion, and decreased ability to perform activities of daily living and functional skills. The employee was recommended for six sessions of physical therapy.

The employee saw Dr. on 05/11/11 with complaints of neck pain and stiffness. The employee also reported intermittent numbness and tingling in the left arm and left leg, as well as burning over the entire left leg. Physical examination revealed normal strength and tone of the bilateral upper extremities. Range of motion revealed flexion to 40 degrees, extension to 40 degrees, right lateral flexion to 30 degrees, left lateral flexion to 30, and bilateral rotation to 65 degrees. Range of motion of the lumbar spine revealed flexion to 85 degrees, extension to 10 degrees, left lateral bending to 20 degrees, and right lateral bending to 20 degrees. The employee was assessed with brachial neuritis, lumbosacral neuritis, cervical sprain/strain, thoracic sprain/strain, and lumbosacral sprain/strain. The employee was recommended for physical therapy. The employee was prescribed Nortriptyline.

The request for outpatient physical therapy three times a week for two weeks to cervical to consist of therapeutic exercises, manual therapy, ultrasound, and electric stimulation up to four units a day was denied by utilization review on 05/12/11 as the requested passive modalities are not supported by **Official Disability Guidelines**. There was little information available from trials to support the use of many physical medicine modalities for mechanical neck pain. In general, it would not be advisable to use these modalities beyond two to three weeks if signs of objective progress towards functional restoration were not demonstrated. The frequency of the requested visits would be anticipated to decrease with progress in therapy, but this request is for three physical therapy sessions per week.

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

The clinical documentation provided for review does not support the requested physical therapy for six sessions to include active and passive physical therapy modalities. The employee has consistent normal range of motion of the cervical spine on several exams. The employee has primarily subjective neck pain. There was noted significant loss of cervical flexion on the physical therapy evaluation dated 05/03/11. This finding is inconsistent with the remaining physical examinations which reveal normal range of motion of the cervical spine.

Given the lack of any significant exceptional factors that would reasonably support additional physical therapy, medical necessity for the request is not established.

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

### ***Official Disability Guidelines***

ODG Neck and Upper Back Chapter

Physical therapy

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. ([Rosenfeld, 2000](#)) ([Bigos, 1999](#)) For mechanical disorders for the neck, therapeutic exercises have demonstrated clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. ([Philadelphia, 2001](#)) ([Colorado, 2001](#)) ([Kjellman, 1999](#)) ([Seferiadis, 2004](#)) Physical therapy seems to be more effective than general practitioner care on cervical range of motion at short-term follow-up. ([Scholten-Peeters, 2006](#)) 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. ([Conlin, 2005](#)) 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. ([Kongsted, 2007](#)) See also specific physical therapy modalities, as well as [Exercise](#).

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