



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

CLAIMS EVAL REVIEWER REPORT - WC

DATE OF REVIEW: 10-21-11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy 2 x wk x 3 weeks thoracic spine, 97010, 97110, 97035, 97530, 97116

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

American Board of Orthopaedic Surgery-Board Certified

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

3-31-11 MD., the claimant's chief complaint is right elbow and forearm pain. This is a gentleman referred by Dr. in regards to his right elbow and forearm pain that began with results of the work injury on xx/xx/xx. He states that he was working when he was lifting it and had the sudden onset of pain. He is right-hand dominant. He denies previous problems to this elbow in the past. He was initially seen at. He underwent therapy, which helped only minimally and then he began treating with Dr.. He has had an MRI and is at light duty work. He experiences pain with grasping. He gets swelling and weakness when he has to lift things. His pain is centrally located around the elbow and the upper forearm. He denies shoulder pain or neck pain. X-rays of the right elbow shows no significant findings. No further documentation.

4-11-11 MD., the claimant's chief complaint is "My right elbow is doing better." This is a gentleman being followed for lateral epicondylitis of right elbow arising from a work injury on xx/xx/xx. He states that the therapy was not approved but states that the medicines are helping and that the brace is helping. He only has some discomfort with squeezing or grasping. Work duty is light duty work. Medications include Motrin and Cyclobenzaprine. Examination of the right elbow demonstrates mild tenderness to the lateral epicondyle, slight discomfort with resisted extension of the wrist. Neurovascularly intact distally. Full range of motion is noted. Diagnosis: Lateral epicondylitis, right elbow. Recommendations: At this time, since he is doing better, we will hold off any injection. He will medicate him with Voltaren gel and Motrin 800 mg with appropriate warnings regarding side effects. He will follow him back at his office in several weeks. If he is still symptomatic, then consider a cortisone injection. All questions have been answered. Work duty is modified work duty with 10 pounds lifting with right upper extremity. No repetitive grasping with the right hand.

5-2-11 MD., the claimant's chief complaint is "My right elbow is feeling better." This is a xx-year-old gentleman being followed for lateral epicondylitis of right elbow from a work injury on 02/04/11. He states that the therapy was still not approved. He states that his elbow is definitely feeling better with the use of the brace and ibuprofen. Work duty, he is at modified work. Medications include Motrin. Examination of the right elbow, full range of motion. Minimal tenderness. No pain with resisted extension of the wrist. Neurovascularly intact distally. Diagnosis: Lateral epicondylitis, right elbow. At this time, he seems to be doing well. He will follow him back in three weeks. He will get him back in to full duty work at this time. If he is having any problems, consider cortisone injection.

5-23-11 MD., the claimant's chief complaint is "My right elbow has been hurting." This is a xx-year-old gentleman being followed for lateral epicondylitis of right elbow from a work injury on xx/xx/xx. He states that the pain has come back. It hurts with grasping and lifting. Work duty, he is at modified work. Medications: Include Motrin. Examination of the right elbow demonstrates full motion. Mild tenderness to the lateral epicondyle. Tenderness over the dorsal forearm, muscular compartment. Neurovascularly intact distally. Procedure: With the patient's consent, and under sterile technique, a 2 and 1 injection with dexamethasone and Lidocaine was given to the right elbow, lateral epicondylar region. This has provided mild relief. No untoward effects were obtained. He did discuss the possibility of infection, bleeding, allergic response, and failure to resolve patient's symptomatology prior to this injection. Diagnosis: Lateral epicondylitis, right elbow. Recommendations: At this time, he will see how the injection helps him. he will medicate him with Voltaren gel. He will follow him back at his office in four weeks. He will call him if there are any problems in the interim. Work duty is modified work duty. No use of power tools. Lifting limit is 15 pounds.

5-26-11 MD., the claimant's chief complaint is upper back pain. This is a gentleman referred by Dr. for the purpose of consultation regarding the injury he sustained to his upper back while at work on xx/xx/xx. This was from repetitive motion. The patient works. He has had therapy with Dr. which has helped, however, he continues to complain of pain to the upper back. Denies previous problems with upper back, but has had some lower back issues. He states that any prolonged standing, bending, and lifting hurts his upper back. He states that he initially gets some tightness to the upper back and then starts getting a stabbing sensation. Examination today demonstrates a healthy-appearing gentleman in no distress. Thoracic spine demonstrates tenderness over the left parascapular region. There is no spasm. Mild discomfort to lateral bending. Good strength to both lower extremities. Reflexes are symmetrical throughout. X-rays of the thoracic spine demonstrates no fracture. Disc spaces are preserved. Diagnosis: thoracic strain. At this time, he will refer him for some upper back rehab with Dr. Mallerich. He will medicate him with Motrin 800 mg three times a day and Soma 350 mg once at night with appropriate warnings regarding side effects. He will also medicate him with Voltaren gel. He will follow him back at my office in three weeks. All questions have been answered. Work duty is light duty work. Lifting limits of 10 pounds. No repetitive bending

6-16-11 MD., the claimant's chief complaint is "I am still having pain in my upper back." This is a xx-year-old gentleman being followed for thoracic sprain from a work injury on Xx/xx/xx. This was more from repetitive motion. He works. He has been having headaches on a regular basis, pain with any prolonged standing or walking. He has been treating with Dr., which has helped. Examination of the thoracic spine demonstrates tenderness to the parascapular region bilaterally. There is discomfort with range of motion of his neck and with forward flexion. Straight leg raise examination is negative. At this time, he will obtain an MRI of the thoracic region due to persistence of his symptoms. He will medicate him with Flector patches and will follow him back at his office in the next several weeks. Consider FCE at that time if the MRI does not reveal anything significant.

6-30-11 MD., the claimant reports "My right elbow is doing better." This is a gentleman being followed for lateral epicondylitis right elbow from a work injury on xx/xx/xx. He states that the injection definitely helped him. He has less discomfort within the elbow and the forearm. Examination of the right elbow demonstrates slight tenderness to the lateral epicondyle. There is full range of motion at the elbow and neurovascularly intact distally. No swelling. Diagnosis: Lateral epicondylitis right elbow. At this time, he will remain in observation. He will progress him back to full duty work though he is on restrictions from different back injury. He will follow him back at my office in six weeks. Work duty is full duty.

7-7-11 MD., the claimant's chief complaint is pain in the upper back. The patient is a male patient of Dr. who returns today to this office with complaints about discomfort and pain in his upper back. This patient had a thoracic sprain secondary due to repetitive motion. The patient is working for a company. The patient is receiving Flector patches, which may be helping him a little bit, as well as an antiinflammatory cream for his back and ibuprofen. Recommendation is continuation of the therapy as prescribed by Dr. with refill of the Motrin 800 mg, Flector patch, and Soma. He will follow up with Dr. in a couple of weeks. He will keep him on modified duty in the meanwhile. The reason two weeks is because he is obtaining an MRI next week.

7-13-11 MRI of the thoracic spine without contrast shows mild thoracic spondylosis with minimal levoscoliosis of the thoracic spine. At T2-T3, a small right central disk protrusion. At T6-T7, a small central disk protrusion. At T7-T8, a small left central disk protrusion. At T8-T9, a small right central to right subarticular disk protrusion. No significant spinal canal stenosis at any level.

7-28-11 MD., the claimant's chief complaint is "I am still having some pain in my upper back." This is a gentleman who is being followed for thoracic sprain from work injury on Xx/xx/xx. This was from repetitive motion. He states that he still gets some pain to the upper back. He recently had an MRI. He states that Dr. h has referred him to a pain specialist for possible injection. Examination of the thoracic spine demonstrates tenderness to the parascapular musculature. There is mild tenderness to palpation. There is discomfort with forward flexion and lateral bending. Diagnosis: Multiple small

disc herniations thoracic spine and thoracic sprain. Recommendation: At this time, he will await his evaluation with the pain specialist. He will follow him back at his office in four weeks. He will call him if there are any problems. Work duty is modified work duty. Lifting limits of 10 pounds. No repetitive bending, alternate sitting and standing.

8-10-11 MD., the claimant is referred to me by Dr. He is a gentleman who was originally referred by Dr. for consultation after he had an upper back injury while at work at EchoStar Communications on March 9, 2011. He was doing some repetitive motion. He works as a tester there. He was feeling pain in the mid thoracic spine between the shoulder blades mostly. It would bother him more towards the end of the day. With prolonged standing, bending, and holding his child it would bother him. Sometimes it is tightness. Sometimes it is a stabbing sensation between the shoulder blades. He has not used any narcotics for this. He has not had any injections. He has had some physical therapy in the office of Dr. that has consisted of exercise, massage, rollers on the back, and E-Stim. Manipulation has been done as well. He feels that he gets poor sleep and is only sleeping about six hours a night. He rates the pain at 7 out of 10 at worst, usually 4 out of 10, at least 3 out of 10, but states that it is always present. It sometimes affects his sexual activity. He has poor sleep. No change in appetite. Decreased physical activity. Decreased function and quality of life. He has not used any kind of TENS outside of what he had in therapy. He is taking some Ibuprofen. He did take some Soma, but is no longer taking that. The Flector patch was prescribed, but was not approved by his insurance. Physical exam shows a pleasant healthy appearing young man in no distress. He is alert and oriented. Ambulatory. Non antalgic gait. Normal strength in the lower extremities. Normal strength in the upper extremities. Deep tendon reflexes are symmetric, 1+ at the ankles, trace at the knees, 1+ at the upper extremities. Normal range of motion of the shoulders. Some minimal tenderness to palpation over the rhomboids on the left. No new x-rays of the spine were taken today. He did have x-rays done of the T spine with no fractures seen on May 26th with Dr. He was sent for an MRI of the thoracic spine on July 13th and that showed some small disc protrusions at T2-3 and T8-9, small central disk protrusion T6-7, small left central disk protrusion at T7-8. No significant stenosis at any level. Recommendations: At this point, he felt his pain is mainly myofascial. He really did not think it is discogenic. He was going to ask him to start doing some aerobic exercise. He can either do that at Dr. office or at home. He needs to get better sleep at night. He was going to put him on Cyclobenzaprine 5 to 10 milligrams one hour before bed time. He was going to continue him on the Ibuprofen. He was going to have him follow up as needed with Dr. and Dr. Follow up with him in one month. He did urine testing on him today. We did enter into a pain agreement with him as well.

8-10-11 UDS was positive for Meprobamate (metabolite of Carisoprodol).

8-11-11 MD., the claimant's chief complaint is "My right elbow starts getting sore again." This is a gentleman being followed for lateral epicondylitis right elbow. Work injury was Xx/xx/xx. He has had one injection, which helped him a lot. He started getting little soreness back in the elbow. He has been using the brace. Examination of the right elbow demonstrates full range of motion, slight tenderness to the lateral epicondyle.

Mild discomfort with resistive extension of the wrist. Neurovascularly intact distally. Diagnosis: Lateral epicondylitis right elbow. At this time, he seems to be doing better. He would recommend observation. He will try a different antiinflammatory that be a Naprelan 750 mg once a day with appropriate warning regarding side effects. He will follow him back in four weeks. Work duty is full duty.

8-25-11 MD., the claimant's chief complaint is "I am still having pain in my upper back." This is a gentleman being followed for thoracic sprain from work injury on xx/xx/xx. This was from repetitive motion. He works a tester at Dish Network. He had previous MRI in July indicating multiple small disc herniations in the thoracic spine. He saw Dr. He reviewed the report. He is recommending exercise and Flexeril. Examination of the thoracic spine demonstrates mild tenderness to the parascapular musculature. There is discomfort with lateral bending. Straight leg raise examination is negative. Plan: At this time, he will write for Functional Capacity Evaluation to delineate his work capability. He will follow him back at his office in several weeks. He may be good candidate for work conditioning program. Work duty is modified work duty. Lifting limits of 20 pounds.

9-8-11 MD., the claimant returns. He was seeing him in follow up. He was injured in repetitive motion type injuries to his back on xx/xxxx. He has been on modified duty per Dr. He had pain between his shoulder blades. The work up has been negative. It appears to be myofascial type pain. He asked him to get exercise with Dr. but Dr. has told him that he cannot do the exercise, only the modalities. He did not believe as the consulting doctor that lean really order his therapy, though, so he was going to leave that to Dr. He is doing a little bit better. He is apparently also being treated for a right lateral epicondylitis of his elbow. He is wearing a bubble splint there. On exam, He really does not have any significant tenderness in his thoracic spine. He shows good range of motion and excursion of the shoulder blades. He showed him some myofascial release type exercises for the trapezius, rhomboids, and thoracic paraspinals. Diagnosis: Sprain in thoracic region, disc displacement. Recommendations: He is going to continue follow up with Dr. He has a visit with him at 1 o'clock today. he will continue him on the same restrictions. he was going to continue him on the same medicines. Refills were given. He gave him a copy of his report from August 10th to take to Dr. as he says that Dr. never got it. Follow up with him prn. Follow up with Dr. and Dr.

9-8-11 MD., the claimant chief complaint is "I am still having some discomfort in my right elbow." The patient is a gentleman being followed for lateral epicondylitis, right elbow. Work injury was on xx/xx/xx. He has had one injection. He states that when he was pulling weeds the other day, he experienced some added pain within the elbow. Examination of the right elbow demonstrates full range of motion. Minimal tenderness. Slight discomfort with resisted extension of the wrist. Neurovascularly intact distally. At this time, he recommended to continue exercise program for the elbow. He will medicate him with Voltaren gel. He will follow him back at my office in two months. He will call me if there are any problems in the interim. Work duty is full duty.

9-13-11 Functional Capacity Evaluation shows the claimant is functioning at a Medium PDL. His job requires a Heavy PDL.

9-16-11 Physical therapy initial evaluation - This is a male patient who was injured at work. Patient apparently has been on light duty due to a right elbow injury. He stated that he was performing some repetitive lifting and noted a sharp pain in the mid-back region. He reported the injury. Patient initially was seen by a chiropractor for several months only modalities. He is currently seeing Dr. Patient recently saw Dr. and Patient was examined by their Physicians, had x-rays taken and subsequently was referred for Physical Therapy. Patient is seen today for a Physical Therapy Evaluation of the LB region. Patient's chief complaint is of mid-back pain. No LEP noted. No neck pain, but mild soreness and stiffness. Pain is mostly in the scapular region. Patient described the pain as a constant aching and occasionally sharp. He reports increase in aggravation with activities. Patient stated some stiffness and tightness noted. No reported radicular symptoms into the UE's or LE's or buttock region. No reported numbness or tingling at this time. No reported bowel or bladder incontinence noted at this time. He stated he recently started swimming on his own and is feeling a bit better. POSTURE: Patient was observed in a standing position today. Patient exhibits a MILD decrease in LB lordosis. Hips are in alignment at this time. No other gross abnormalities noted at this time. GAIT: Patient was observed during ambulation today. Patient has minimal to no difficulty with ambulation including stairs. Patient is able to ascend / descend stairs at this time WITHOUT any problems. PALPATION: Apparent pain and tenderness was noted throughout the right thoracic region and musculature. There is some spasms noted, but mostly tender. Pain at T2-T9 SP. AROM CERVICAL REGION & SHOULDERS: WNL. STRENGTH: Patient demonstrates the following strength when tested by the physical therapist today: 5/5 of the LE's grossly assessed and isometrically tested. REFLEXES: Patellar Reflex (L4): 2+ symmetrical; Achilles (S1): 2+ symmetrical. FLEXIBILITY: Patient 's flexibility was good, 4/5 today when tested. There were areas that demonstrated tightness in the lower extremity/hip region. The areas exhibiting tightness were the following: * Hamstrings - Mild, * LB PVM - Mild, * Quadriceps muscles - Mild, * Calf - Mild. SPECIAL TESTS: SLR - negative; Slump Test - negative. ASSESSMENT: This patient presents with signs and symptoms consistent with the diagnosis given by Physician. It is unfortunate that his has been getting the treatment with the chiropractor and only receiving modalities. He should be doing better by now if they were to incorporate some strengthening. Generally, the patient has some limitations in ROM, tightness of the trunk and LE musculature and limited function. Patient seems motivated and should do well with the PT as outlined. PLAN: It is recommended that this patient be seen 2 times per week for 4 weeks. We will reassess patient's progress in 30 days or as needed based on patient progress. Patient will require the supervision of a licensed Physical Therapist or Physical Therapy Assistant for treatment. Treatment will consist of, but not limited to the following: Modalities PRN, Therapeutic Exercises, Therapeutic Activities, Postural education Lifting Training Activities & Aquatic Exercises. Treatment modalities will NOT EXCEED 4 TOTAL per session.

9-19-11 MD., the claimant's chief complaint is "I have the work conditioning program." This is a gentleman being followed for thoracic sprain from a work injury on xx/xx/xx. He has multiple small disc herniations. He recently had the FCE. He is still having discomfort throughout his back. Examination of the thoracic spine demonstrates tenderness throughout the paraspinal musculature and parascapular region. Negative straight leg raise examination is noted. He is walking well. Review of the FCE dated 09/13/11 indicates that he has a number of limitations with carrying, pushing and pulling. He is currently demonstrating a medium physical demand level and his job requires heavy physical demand. For this reason, they have recommended a work conditioning program to address these deficits and get him back to full duty work. Diagnosis: Multiple small disc herniations thoracic spine, thoracic sprain. Recommendations: At this time, we will write for a two week work conditioning program to help maximize his abilities to return to work. Follow back at my office in three weeks. He will call him if there are any problems in the interim.

9-22-11 MD, performed a Utilization Review. He noted that PT evaluation dated 9/16/11 states that the patient continues to complain of mid-back pain in scapular region. He started swimming on his own and is feeling a bit better. Exam indicates that there is pain and minimal muscle spasms in right thoracic region. There is decreased thoracic range of motion. MRI of thoracic spine done on 7/13 /11 showed some small disc protrusion at T2-3 T6-7, T7-8 and T8-9. The patient has completed 20 visits of physical therapy to date. A request for an additional 6 visits of therapy has been made. However, the response to prior extensive therapy is not known. There is no documentation of progressive functional improvement after prior therapy. Although the ODG recommends physical therapy, it advocates use of the modality with a clear goal of restoration of function plan and return to work plan through progression into an independent home exercise program. There is no indication that the patient is to progress into a home exercise program as advocated by the ACOEM. In addition, the requested service is already in excess of the guidelines' recommendation of physical therapy to the low back. The necessity of the request is not established.

10-5-11 MD., performed a Utilization Review. He noted that per the report dated 9-16-11, the claimant complains of mid back pain. The pain was mostly at the scapular region. There was stiffness and increase in aggravation with activities. On examination, there was tenderness at the right thoracic region with some spasm. AROM was normal. Strength test and reflexes showed no deficit. Straight leg raise and Slump tests were negative. The request is for an appeal for Physical Therapy two times a week for three weeks of the thoracic. There were no therapy progress reports that objectively document the clinical and functional response of the patient from the previously rendered sessions. The requested number of visits on top of the previously rendered sessions exceeds the recommendations set forth by guidelines. With more than substantial number of therapy visits provided, the patient should have been fully progressed into an independent exercise program at this time. Compliance with home exercises must be reviewed. Hence, the medical necessity of the requested service has not been established.

10-10-11 MD., the claimant's chief complaint is "My back is doing much better." This is a 29-year-old gentleman being followed for thoracic sprain with multiple small disc herniations of the thoracic spine. Work injury was on xx/xx/xx. He states that he is definitely doing better with physical therapy with Dr. The work conditioning was never approved. Overall, he is doing well. Examination of the thoracic spine demonstrates minimal tenderness with good forward flexion and good lateral bending. Straight leg raise examination is negative. At this time, he seems to be doing well. He may complete his therapy with Dr. and follow back with him as needed. All questions have been answered. Work duty is modified work with lifting limits of 10 pounds. He will see Dr. tomorrow.

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

Review of the available medical records reveals the claimant initially had epicondylitis of the elbow. Approximately 3 months later, the first medical office visit notes upper back pain. The mechanism of injury is reported to have caused upper back pain with repetitive motion. The details of this mechanism of injury are not reported and/or questionable.

Exam findings have not noted any objective findings. Clinical complaints have persisted for many months without substantial change. The claimant has been provided some physiotherapy which has been of benefit. Claimant is working modified work duty. Work is a form of physical therapy. I do not see a medical indication for additional formal physical therapy. Therefore, medical necessity of physical therapy 2 x week x 3 weeks, thoracic spine 97010, 97110, 97035, 97530, 97116 has not been established.

ODG-TWC, last update 9-21-11 Occupational Disorders of the Back – Physical therapy:

Sprains and strains of unspecified parts of back (ICD9 847):
10 visits over 5 weeks

ODG-TWC, last update 8-24-11 Occupational Disorders of the neck and upper back - 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".

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

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)