

# Icon Medical Solutions, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** April 16, 2012

**IRO CASE #:**

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

12 PT visits to cervical and thoracic spine using 97032, 97033, 97035, 97110, 97124, and 97010.

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

This physician is Board Certified by the American Board of Family Medicine with over 13 years of experience.

**REVIEW OUTCOME:**

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

Upheld (Agree)

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:**

01/12/12: Plan of Treatment for Therapy by PT with, and Therapy Group

02/16/12: Follow Up Examination by MD.

03/01/12: UR performed by MD

03/23/12: UR performed by MD

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This male reports sustaining a work related injury to the cervical and thoracic spine on xx/xx/xx, at which time he was involved in a motor vehicle accident. He has a prior surgical history of fusion at C5-6 in 2008.

01/12/12: Plan of Treatment for Therapy by PT with and Therapy Group. Per the report it was noted that the claimant was previous seen for physical therapy for 6 visits until discontinued to follow-up with a neurosurgeon, Dr.. It was also reported that he had an MRI in December which showed significant changes from his prior MRI. His current chief complaint was cervical and interscapular pain, which he rates as an 8/10. He also reported frequent headaches, but not

constant. He did use a TENS on occasional that helped with is symptoms. Assessment: The patient would benefit from PT services to decrease report of cervical and interscapular pain, to restore cervical range of motion, to improve posture and body mechanics, resolve headaches, and return to his normal activities.

02/16/12: Follow Up Examination by MD. The claimant complained of neck and thoracic pain, headaches, and numbness in the hands. On physical examination he had pain with palpation at mid to lower cervical region and upper thoracic region. No muscle spasms. He was noted to have LROM in the cervical spine on examination. HE had numbness in the C6-7 distribution. Diagnosis: Cervical pain, cervical HNP, cervical degenerative disc, cervical spondylosis, cervical radiculopathy, thoracic back pain, and thoracic degenerative disc. Plan: He needs 6 weeks of therapy twice a week with intermittent NSAIDS. If this does not work, we can try injections. If no benefit, surgery would be his last option. Will reorder therapy and intermittent NSAIDS.

03/01/12: UR performed by MD. Explanation of Findings: ODG Guidelines cited below recommend 9 to 10 PT visits over 8 weeks for this diagnosis. Per the note dated 1/12/12, the patient has received 6 PT for this injury. The requested additional visits in addition to the previously rendered PT sessions are more than recommended by the cited criteria. Per the ODG preface, "Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end." The notes from the previous PT visits are not specified in the records provided. The patient has made improvements with prior PT visits but continues to have some functional deficits. 4 additional visits of physical therapy are deemed to be medically appropriate at this juncture. Per the cited guidelines, regarding electrical stimulation, "Not recommended. The current evidence on EMS is either lacking, limited, or conflicting." Per the cited guidelines, regarding hot/cold packs, "Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders." Regarding ultrasound, the cited guidelines state, "Under study. There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Therefore, there is no high-grade scientific evidence for the use and effectiveness of passive modalities like #97032, #97033, and #97035. The requesting doctor could not be contacted to discuss a treatment modification. As such, the request as asked is not medically necessary.

03/23/12: UR performed by MD. Explanation of Findings: The documentation submitted for review elaborates the patient complaining of cervical and upper thoracic region pain. The ODG recommend 10 physical therapy sessions for an injury of this nature. The documentation details the patient having completed 6

physical therapy sessions to date. This request exceeds guideline recommendations as no exceptional factors were noted in the documentation. Additionally, the ODG recommend no more than 4 modalities to be completed in any one physical therapy session. The request for a total of 6 modalities exceeds guideline recommendations. Given the lack of information regarding the patient's exceptional factors, and taking into account the excessive nature of both the number of physical therapy sessions and modalities, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support this request at this time.

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

The prior adverse decisions are upheld. Recommendations per ODG guidelines are 10 physical therapy sessions for sprains and strains of the neck and no more than 4 modalities per physical therapy session. The request for 12 physical therapy visits and 6 modalities exceeds the guideline recommendations. Therefore, based on ODG guidelines, the request is non-certified.

ODG:

**Physical Therapy (PT)**

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

**Displacement of cervical intervertebral disc (ICD9 722.0):**

Medical treatment: 10 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks

Post-surgical treatment (fusion, after graft maturity): 24 visits over 16 weeks

**Degeneration of cervical intervertebral disc (ICD9 722.4):**

10-12 visits over 8 weeks

See 722.0 for post-surgical visits

**Brachia neuritis or radiculitis NOS (ICD9 723.4):**

12 visits over 10 weeks

See 722.0 for post-surgical visits

**Post Laminectomy Syndrome (ICD9 722.8):**

10 visits over 6 weeks

**Fracture of vertebral column without spinal cord injury (ICD9 805):**

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 34 visits over 16 weeks

**Fracture of vertebral column with spinal cord injury (ICD9 806):**

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 48 visits over 18 weeks

**Work conditioning** (See also [Procedure Summary](#) entry):

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)**