

Prime 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/17/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy for the Cervical and Lumbar Spine, additional 6 visits, as an outpatient

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

M.D., Board Certified Pain Medicine

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines

Utilization review determination dated 02/09/12, 03/14/12

Office visit note/physical therapy notes dated 02/06/12, 01/31/12, 01/24/12, 02/03/12, 03/06/12, 03/08/12, 02/16/12, 01/23/12, 08/12/09, 06/11/10, 10/28/11, 08/26/09, 09/10/09, 09/28/09, 10/13/09, 11/11/11, 11/30/11, 12/15/11, 02/08/12, 08/10/09, 08/12/09, 08/13/09, 08/14/09, 08/18/09, 08/19/09, 08/26/09, 08/27/09, 08/28/09, 09/28/09, 10/02/09, 11/23/11, 11/16/11, 11/09/11, 11/02/11, 10/26/11, 10/06/11, 09/30/11, 08/10/11, 08/05/11, 07/22/11, 07/01/11, 06/17/11, 09/03/10, 08/27/10, 08/13/10, 07/30/10, 10/02/09, 10/05/09, 10/06/09, 10/09/09, 10/19/09, 10/14/09, 10/20/09, 10/22/09, 06/11/10, 06/15/10, 10/28/11, 11/04/11, 11/03/11, 11/14/11, 11/08/11, 11/15/11, 11/18/11, 11/21/11, 11/22/11, 11/29/11, 11/30/11, 12/01/11, 12/05/11, 12/06/11, 12/07/11, 12/13/11, 12/15/11, 12/19/11, 12/21/11, 12/27/11, 09/10/09, 10/13/09, 11/11/11, 08/17/09, 09/15/09, 09/30/09, 10/29/09, 10/26/11, 11/02/11, 06/09/10, 12/02/11, 12/16/11, 12/20/11, 01/19/12, 01/31/12, 02/02/12, 03/15/12, 03/27/12

Letter dated 01/23/12

Discharge application total and permanent disability dated 01/19/12

Post myelogram CT cervical and lumbar dated 01/18/12

Letter of medical necessity dated 03/09/12

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. She was driving when a car ran into her. She was hit on the right side and jerked to the left. She presented with complaints of lumbar and cervical spine pain. She was diagnosed with bilateral cervical sprain/strain, lumbar sprain/strain and disorders of muscle, ligament and fascia. The patient underwent cervical discectomy and fusion at C4-5 and C5-6 on 09/14/11 and completed 31 postoperative physical therapy visits. Post myelogram cervical CT dated 01/18/12 revealed anterior discectomy and fusion C4-5 and C5-6 with probable nonunion to the superior plate of C6 at the C5-6 fusion level; stable fusion at C4-5. Post myelogram lumbar CT dated 01/18/12 revealed minor posterior annular bulge, L4-5, mildly impinges upon the thecal sac. The spinal canal and neural foramina remain of adequate caliber at that level. There is mild

facet arthrosis at L3-4. Follow up note dated 02/16/12 indicates that the patient rates neck pain as 7/10. She is also having pain in both her arms and legs with numbness and tingling. On physical examination there is tenderness over the left trapezial and paraspinal musculature. Range of motion is 30 degrees forward flexion, 15 degrees extension, 30 degrees rotation side to side. Spurling's maneuver is negative bilaterally. Internal and external rotation of shoulders is normal. Hoffmann's sign is negative. Strength is rated as 4/5 throughout the bilateral upper extremities. Deep tendon reflexes are 1/4 throughout.

Initial request for physical therapy x 6 additional visits was non-certified on 02/09/12 noting that the patient has had 31 postoperative visits and has been instructed in a home exercise program. The injured worker should be doing home exercises as instructed. The denial was upheld on appeal dated 03/14/12 noting that after reviewing the additional medical records, the previous non-certification is supported. The Official Disability Guidelines would support 24 visits of physical therapy over 16 weeks after fusion surgery. The claimant has undergone 31 sessions of postoperative physical therapy to date and has been instructed on a home exercise program. The treating provider has not documented the medical necessity of additional formal physical therapy versus a home exercise program.

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

The patient underwent cervical discectomy and fusion at C4-5 and C5-6 on 09/14/11 and has completed 31 postoperative physical therapy visits to date. The Official Disability Guidelines support up to 24 visits for the patient's diagnosis, and there is no clear rationale provided to support continuing to exceed this recommendation. There are no exceptional factors of delayed recovery documented. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. It is the opinion of the reviewer that the requested Physical Therapy for the Cervical and Lumbar Spine additional 6 visits as an outpatient is not medically necessary.

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

ACOEM-AMERICA 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)