

Icon Medical Solutions, Inc.

11815 CR 452
Lindale, TX 75771
P 903.749.4272
F 888.663.6614

Notice of Independent Review Decision

DATE OF REVIEW: May 29, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 Additional Physical Therapy Treatments

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

This physician is Board Certified in Occupational Medicine with over 34 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:

01/30/08: MyoVision Static Narrative by DC with Dr. Chiropractic, Nutrition & Wellness

05/24/10: Employers First Report of Injury or Illness by with Services

09/17/10: MyoVision Static Narrative by DC

12/03/10: MRI Examination of the Right Shoulder interpreted by MD with Imaging & Treatment Center

02/15/11: MRI of the Right Wrist interpreted by MD with MRI

04/05/11: NCS-EMG Report by MD with Neurology Center of PA

04/13/11: Letter from with LLP

08/25/11: Consultation by MD with
09/08/11: Initial Evaluation by PT, MBA, ATC with & Occupational Rehabilitation
09/09/11, 9/27/11, 12/01/11, 02/09/12, 04/05/12, 05/04/12: Followup Visits by MD
04/05/12: Initial Evaluation by PT, MBA, ATC
04/05/12: Texas Workers' Compensation Work Status Report by MD
04/09/12: Preauthorization Request for Medical Service/Physical Therapy by with
Orthopedic & Occupational Rehabilitation
04/12/12: UR by DO
04/18/12: Preauthorization Request/Request for Reconsideration for Medical
Service/Physical Therapy by with Orthopedics & Occupational Rehabilitation
04/25/12: UR by DC

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who injured her right hand and right shoulder on when a door that she was holding at work was kicked open. She had a previous right rotator cuff repair in 2000.

01/30/08: MyoVision Static Narrative by DC. Results: Muscle tension was considered high at C2, T5, T7, T9, T11, L1, L3, and L5. Muscle tension was moderately high at C2, C4, C5, C8, T1, T3, T5, T11, and L1. Muscle tension was normal at T3, T7, and L5. Muscle tension was below normal at C4.

09/17/10: MyoVision Static Narrative by DC. Results: Muscle tension was considered high at C6, T1, and T3. Muscle tension was moderately high at C2 and C4. Muscle tension was below normal at T5, T7, T9, T11, L1, L3, and L5.

12/04/10: MRI Examination of the Right Shoulder interpreted by MD. Impression:
1. Status post acromioplasty with no residual outlet stenosis and mild subdeltoid bursitis. No full-thickness rotator cuff tear is identified. 2. Shoulder joint arthrosis with diffuse free edge tearing throughout the labrum.

02/15/11: MRI of the Right Wrist interpreted by MD. Impression: 1. Mild thumb carpometacarpal joint and scaphoid-trapezial joint osteoarthrosis. 2. Small ganglion versus synovial cyst herniating from the triquetral-pisiform articulation. 3. Nonspecific small distal radial ulnar joint effusion.

04/05/11: NCS-EMG Report by DC. Impression: 1. The finding of prolonged latencies is often seen in heredity neuropathy with liability to pressure palsies. 2. The right median and sensory-motor responses were prolonged out of proportion to the other responses and consistent with median neuropathy at the wrist (i.e. carpal tunnel syndrome). 3. There is no electrophysiological evidence of a right upper extremity radiculopathy.

08/25/11: The claimant was evaluated by MD who notes that the claimant stated that she felt a pop in her right shoulder during her work-related injury. She stated that her pain averaged approximately 8-9/10 and that movement increased her pain. On review of systems, she reported a twitching in her right hand that she

did not have prior to the injury. On physical examination, she had dermatome numbness noted over C5-C6 dermatome right arm. DTRs were diminished at the right arm when compared to the left. Radial pulses were intact. Biceps measured 29 cm bilaterally. Muscle strength testing showed diminished muscle strength for fingers of the right hand when compared to the left. She had 10-pound reading as her baseline on her right hand and 50-pound baseline on her left hand. She had muscle atrophy of right thenar noted on exam. Right arm extension was decreased by approximately 50% when compared to the left. Passive range of motion of the right shoulder was 90%. She had an obvious twitch noted in her right hand that was absent in the left. Muscle strength and range of motion testing of her right wrist showed 40% of normal and 40% of right wrist muscle strength. Rotation and lateral flexion of the right wrist were decreased when compared to the left. Finger muscle strength was decreased by 40% on the right side when compared to the left. Right elbow flexion was decreased approximately 60% when compared to the left. On plain x-rays, she had arthritic changes noted to her distal phalanges of the right hand but no other gross deformity. She was diagnosed with cervical radiculopathy/radiculitis, right thenar muscle atrophy, reflex sympathetic disease secondary to aggravation/causation, and mild arthritic changes of carpal bones. Dr. referred her to physical therapy and gave her samples of Flector patches to apply to her right shoulder as well as Volteran gel to use for her right hand.

09/08/11: The claimant was evaluated by PT, MBA, ATC. She complained of constant pain in the right superior shoulder and volar aspect of the right wrist. She rated her pain at 9/10. She complained of numbness in the right index and long + ring fingers. Assessment: Right shoulder and right wrist sprain/strain with restricted motion, pain, weakness, and limited function. Goals are to decrease pain 50%, normal motion, normal strength and normal function. Also independent with home exercises. Plan: Ultrasound to right superior shoulder, TENS, moist heat to right shoulder and wrist, Rockwood 5, grip strengthening exercises, Pulley exercise, wand exercise, theraband strengthening for wrist flexors and extensors. 3 times per week x 4 weeks.

09/09/11: The claimant was re-evaluated by Dr. She stated that the Volteran Gel and Flector patch samples that were given to her were not helpful. She was still taking hydrocodone and Soma. Her physical exam remained unchanged since 08/25/11. Recommendations: Patient is being referred out for an MRI of the cervical spine. We started her on Cymbalta. We did refill her medications. She is to return to clinic once she has completed her MRI study.

09/27/11: The claimant returned to see Dr. who noted that her MRI and physical therapy were both denied. On questioning of the claimant, she stated that she had approximately four sessions of physical therapy after her injury and that it was helpful but incomplete due to the fact that workers' comp only paid for 4 sessions. She stated that she participated in massage therapy. On physical examination, she had tenderness to palpation to the trapezius, right greater than left. She had LROM in the neck due to posterior cervical pain. Left lateral rotation was with

minimal pain elicited greatest on trapezius area bilaterally. Bilateral trapezius upper extremities inspection was grossly normal with radial pulses normal and equal bilaterally. DTRs were 1+ at the brachii right, 2+ at the brachii left, 1+ ulna right, and 2+ ulna left. MS testing was decreased by 20% for right wrist and elbow and 40% for right shoulder with pain elicited on testing of the shoulder. She was tender to palpation to the distal anterior aspect of the right shoulder. ROM of the right shoulder stopped at 45 degrees due to painful abduction.

Recommendations: We will submit for physical therapy. It is our belief that the patient had inadequate physical therapy. We feel this will be a vital component to her treatment and recovery at this time. Patient will contact her adjuster as she has assured us that injury to neck was part of her initial injury. Once this issue is cleared, we will submit for MRI of cervical spine.

12/1/11: The claimant was re-evaluated by Dr. who noted that the request for physical therapy was denied. She rated her pain as 8/10 and described it as burning pain to her neck, right shoulder, right thoracic region, and lumbar area as well as right hand. She used heat, rubbing, and massage to decrease her discomfort. On physical examination, there was no change from visit dated 09/27/11 with the exception of diminished sharp and dull sensation as well as 2 point discrimination distal to right wrist. Dr. was going to request another upper extremity EMG/NCV study as the claimant stated that she was unable to finish the previous EMG secondary to pain. He refilled her Soma and hydrocodone.

02/09/12: The claimant was seen in followup by Dr. regarding her ongoing cervical and right upper extremity pain, weakness, and paresthesias. She continued to report bilateral aching in the trapezius, both in the cervical spine and shoulder areas, right greater than left, and right forearm burning with numbness over the right thumb and digits 2 and 3. She reported her discomfort as 8/10. Dr. Simmons noted that her cervical spine was not compensable but did seem to be clearly involved and associated with her injury of 05/21/10. On physical exam, she had LROM in the cervical spine. Right upper extremity strength was graded 4/5 compared to the left. DTRs were 2+ at the upper extremities bilaterally. Sensation was diminished in the right upper extremity in the C6-C8 dermatomes when compared to the left. She was to return to the clinic upon completion of EMG, physical therapy, and approval of compensable cervical spine or two months – whichever was sooner.

04/05/12: The claimant was re-evaluated by Dr. who noted that she reported no significant change in her symptoms of right cervical pain and right upper extremity pain described as burning and numbness into the hand. Her pain intensity was reported as 7/10. Her examination was unchanged from 02/09/12.

Recommendations: 1. The patient is participating with individual counseling sessions with Nueva Vida. She states that they may be doing some physical therapy but we do not have confirmation of this. She would likely benefit from therapy however. 2. We performed a random drug testing by urine collection today. The patient did mention that she has medical marijuana card from California. 3. She is beginning job retraining with DARS and needs a letter or

prescription indicating what ergonomic accommodations she will require. This was given to her indicating she requires ergonomic keyboard and mouse as well as Dragon Dictation program software. 4. She is to return to the clinic after completing her sessions with Nueva Vida. 5. We completed a DWC 73.

04/05/12: The claimant was evaluated by PT, MBA, ATC. She complained of constant right shoulder pain increased with movement and right wrist pain increased with use. Her pain was rated 8.5/10. Assessment: Right wrist and right shoulder pain with restricted motion, weakness, and limited function. Goals are to increase right shoulder and wrist strength to within normal limits, achieve normal range of motion, normal function, and independent with home exercises plus decrease pain 50%. Plan: Shoulder exercises to consist of: Pulley, wand, AROM, isometrics, Rockwood 5, bicep curls, tricep push downs, grip strengthening for wrist/hand active range of motion and theraband exercises for wrist flexors, extensors and forearm strengthening of pronation/supination. May use moist heat and home exercise program. 3 times per week x 4 weeks as ordered by physician.

04/12/12: UR by DO. Rationale: The documentation submitted for review elaborates the patient complaining of ongoing right shoulder pain. The Official Disability Guidelines recommend 10 physical therapy sessions for an injury of this nature. This request exceeds guideline recommendations, as no exceptional factors were noted in the documentation. Additionally, given the completion of a full course of physical therapy, it would be reasonable to expect the patient to undergo a home exercise program on a regular basis. Given the lack of information regarding the patient's exceptional factors, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support this request at this time.

04/25/12: UR by DC. Rationale: The claimant is a female who was involved in a work injury on xx/xx/xx. The injury was described as the claimant was closing the door when it was kicked from the other side resulting in injuries to her wrist and shoulder. The claimant underwent a course of treatment. The claimant was later enrolled in a chronic pain management program and has received 3 weeks of chronic pain management. On 05/21/11, the claimant underwent a follow-up psychological screening evaluation. This resulted in a request for 40 hours or one additional week of chronic pain management. This request was certified by peer review. Overall, the claimant was authorized a total of 200 hours of chronic pain management. On 09/8/11, the claimant was evaluated by Thomas Washington, PT at the request of Dr. for complaints of right shoulder and wrist pain at 9/10 on the visual analogue scale. A request for therapy at 3 times per week for 4 weeks consisting of ultrasound, TENS unit, moist heat, and strengthening exercises was submitted and denied by peer review. On 10/12/11, a request for reconsideration was submitted. This reconsideration report indicated that the previous chronic pain management program "does not contain the physical therapy component." During a case discussion with Dr. on 10/25/11 at 11:40 PM, he indicated that this was an incorrect statement. Dr. indicated that Dr. facility utilizes aquatic therapy

and that on occasion, he refers claimants for aquatic therapy. Dr. indicated that the claimant did in fact receive active therapy within the context of the chronic pain program. The request for 12 treatments with Dr. was denied by peer review. On 10/18/11, a request for additional hours of chronic pain management was submitted. Dr. indicated that the rationale for this treatment was to allow the claimant to be transitioned to the DARS program. This request was denied by peer review. On 02/09/12, the claimant underwent a re-examination by Dr., orthopedic surgeon. The claimant noted continued right upper extremity complaints. The claimant was diagnosed with cervical pain with radiculopathy as noted on history and physical examination done 09/27/11 and 12/01/11; right thenar muscle atrophy noted on physical exam; reflex sympathetic disease secondary to aggravation/causation; and mild arthritic changes of carpal bones. The recommendation was for a course of physical therapy and EMG/NCV of the upper extremities. A request for 12 physical therapy treatments was submitted and denied by peer review on 04/12/12. The purpose of this review is to determine, on appeal, the medical necessity for the requested 12 physical therapy treatments. The medical necessity for the requested 12 additional physical therapy treatments was not established. On 02/09/12, the claimant was evaluated by Dr. for complaints of right upper extremity pain, weakness, and hyperesthesia. The 04/18/12 request for reconsideration only indicates that the claimant received medication, acupuncture, chiropractic care, and home exercises.” This report does not indicate reference the physical therapy or chronic pain management provided this claimant. This claimant received an extensive course of active physical therapy prior to this request. The initial physical therapy evaluation dated 04/05/12 indicates that the therapist was unaware of the past treatment history. Prior to requesting any treatment, the physician should have access to the complete record. It does not appear that Dr. took into consideration the extensive passive physical therapy when he submitted this request. Prior to this request, the claimant underwent an extensive course of therapy followed by 200 hours of chronic pain management. The requested 12 additional treatments clearly exceed ODG guidelines. ODG guidelines, pain chapter, indicates that “at the conclusion and subsequently, neither re-enrollment in repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury (with possible exception for a medically necessary organized detox program).” Therefore, the medical necessity for the requested 12 physical therapy treatments was not established.

05/04/12: The claimant was re-evaluated by Dr. She reported no change in her symptoms of right cervical pain and right upper extremity pain described as burning and numbness into the hand. Her pain intensity was reported as 8/10. Her physical examination was unchanged from 04/05/12. Recommendations: 1. We did give her a script for ergonomic accommodations the last visit. She will require some form of assistance with retraining to work in arbitration/mediation. If this can be done through DARS, she will require some assistance with the process. She is advised to speak with her case manager about that. 2. She wishes to receive professional assistance in weaning off of her medications. She

states she is unable to do this on her own. She believes that ongoing reliance on prescription medications may harm her health and has a negative impact on her quality of life and work faculties. She is advised to speak with her case manager about that. 3. She is approaching statutory MMI on 05/21/12 and will need an impairment rating. 4. She will need an FCE prior to her impairment rating. 5. We updated her DWC 73.

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

The previous adverse decisions are upheld. The Official Disability Guidelines (ODG) recommend 10 physical therapy sessions for cervical sprain (non-compensable according to notes) or right shoulder strain. The claimant has had more than 16 therapy treatments as well as chronic pain therapy/treatment according to the records provided. Official Disability Guidelines recommend this treatment be based on medical necessity. In this case, no medical documentation is provided to exceed these recommendations within the context that is provided. At this time, it is reasonable to expect that the claimant has been transitioned to a home exercise program. Additional therapy treatment will not likely improve her outcome based on the ODG. For this reason, 12 additional physical therapy sessions have not been demonstrated as medically necessary and are non certified.

ODG:

Physical therapy	<p>ODG Physical Therapy Guidelines –</p> <p>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.</p> <p>Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Medical treatment: 10 visits over 8 weeks Post-injection treatment: 1-2 visits over 1 week Post-surgical treatment, arthroscopic: 24 visits over 14 weeks Post-surgical treatment, open: 30 visits over 18 weeks</p> <p>Complete rupture of rotator cuff (ICD9 727.61; 727.6) Post-surgical treatment: 40 visits over 16 weeks</p>
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Physical/ Occupational therapy	<p><i>Active Treatment versus Passive Modalities:</i> See the Low Back Chapter for more information. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The most commonly used active treatment modality is Therapeutic exercises (97110), but other active therapies may be recommended as well, including Neuromuscular reeducation (97112), Manual therapy (97140), and Therapeutic activities/exercises (97530).</p> <p>ODG Physical/Occupational Therapy Guidelines –</p> <p>Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.</p> <p>Sprains and strains of wrist and hand (ICD9 842):</p>
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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)**