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Notice of Independent Review Decision

DATE OF REVIEW: June 3, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Six Sessions of Physical Therapy for the Thoracic Spine at North Texas Physical Therapy and Rehabilitation as requested by Dr.

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 Physical Medicine and Rehabilitation with over 18 years of service.

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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who injured his mid back on xx/xx/xx while lifting a desk at work.

04/09/12: The claimant was re-evaluated on the 6th visit out of 9 visits by PT, DPT who noted that he was issued, educated, and trained on self-care and a home exercise program to aid in clinical progression and achievement of functional goals along with therapeutic interventions. The medical diagnoses were right

thoracic sprain, right spasm of muscle, and right other disorders of muscle ligament and fascia. The claimant had trunk ROM/strength impairment as well as functional lifting, push/pull deficits. There was improvement in the short-term goal of independent and compliant w/HEP. He partially met the goal of increase left T SP side bending to WNL without exacerbation. He met the goal to demonstrate ability to perform all sitting activities and transfers without exacerbation, compensation, or delay. There was improvement in the goal of demonstrating ability to perform 60# 12 in to knuckle lift x 10 reps without exacerbation and the goal of demonstrating ability to perform 70# push/pull exercises x 30 reps each without exacerbation.

04/13/12: MRI Thoracic Spine Without Contrast interpreted by MD with Imaging. Impression: 1. Unremarkable MRI of the thoracic spine. There is no significant disc pathology at any thoracic level. 2. There are no acute marrow changes or evidence for a compression injury. There are no significant degenerative changes. 3. No cord lesion is present. 4. There is a small lateralizing disc bulge at T12-L1. 5. There is subtle if any curvature of the mid to lower thoracic spine convex to the right versus patient positioning.

04/16/12: The claimant was evaluated by PT, DPT for visit number 10/12. Modalities: Upper Lsp. Neuromuscular Re-Education: Movement: T sp high step rotation. Therapeutic Exercises: Mid back stretch, mid back rotation stretch. He stated that he was feeling better since they took out the rotation from therapy movements. He stated that he only had tightness that would come and go in the back. ASSESSMENT: 1. Patient able to perform upright trunk positioning with static and dynamic activities to assist with overall mobility. 2. Able to complete increased functional lifting. Still has pain with rotation activities. PLAN: 1. Continue therapy for reducing impairments and improving functional performance. Intervention emphasis on achieving functional goals, body mechanics. Training to prevent exacerbation of injury and instruction in a progressive HEP.

04/17/12: The claimant was re-evaluated by MD who noted that he stated that his back was feeling a little better that morning but was still experiencing a burning pain in his mid back. Pain scale 2-3/10. Dr. noted that the claimant had a horse fall on his right side "years ago" and he ended up with four fractured ribs. He stated that his symptoms had decreased, ROM had increased, radiating pain had decreased, and numbness/tingling had decreased. On physical exam of the thoracic spine, lateral deviation to resolved. Kyphosis normal. ROM flexion, extension, and rotation remained the same. Muscle spasm and tenderness decreased. Pain was worse with right rotation and right lateral bending only. X-rays of the thoracic spine were positive for metal fragments in the left scapular area from previous GSW in 1991; costochondral calcification bilateral lower ribs; disc spaces well maintained. He was diagnosed with right thoracic sprain, right spasm of muscle, right other disorders of muscle ligament and fascia. Dr. recommended continued physical therapy 3 times per week x 2 weeks due to persistent pain with right rotation and right lateral bending and persistent muscle spasm. Medication: Motrin 800 mg #21, Ultracet 37.5/325 mg #30.

04/20/12: UR performed by xxxxxx, MD. Rationale: IW injured his midback on 3/21/12 while lifting a desk. He reportedly heard a pop in his mid back. IW has a significant history of prior trauma to his spine and ribs with multiple fractures when a horse landed on his side. IW also has a history of GSW with remaining metal fragments in his scapula. IW has undergone 12 sessions of PT for the midback. The requested additional PT exceeds the ODG and is not justified based on the clinical record submitted with this request. IW should be transitioned into a home program.

04/23/12: The claimant was evaluated by MD for intermittent mid back pain made worse when twisting and with rotation. Pain scale 3/10. It was noted that his pain had decreased but was not gone and that PT made the symptoms better with the exception of getting headaches. On physical exam, he had mild tenderness, negative SLR, no muscle spasm, no sensory/motor deficit, normal reflexes, and full ROM. He was diagnosed with thoracic strain/sprain.

05/01/12: The claimant was evaluated by MD for recheck of W/C strain and sprain. Pain scale 3/10. Symptoms listed were burning, pinching pain, headaches/PT. It was noted that he had 10 sessions of PT with focus on lower back. On physical exam, he had mild tenderness, negative SLR, no muscle spasm, no sensory/motor deficit, and normal reflexes. Diagnosis was thoracic strain/sprain. Dr. xxxxx referred him to physical therapy of the thoracic spine for evaluation and treatment in 6 sessions per ODG guidelines.

05/04/12: The claimant was evaluated by PT, DPT. He stated that his pain was constant, sharp, burning, and not getting better. He also reported intermittent headaches localized to the back of the head. He reported a previous course of PT with focus on lumbar stabilization and proper lifting body mechanics. Thoracolumbar AROM: Flexion 74 degrees + pain, extension 30 degrees, lateral flexion R/L 17 degrees/16 degrees, rotation R/L 34 degrees/26 degrees. Thoracolumbar MMT: Flexors, extensors, lateral flexors, rotators, upper trapezius, mid trapezius, serratus, rhomboids = 4/5 bilaterally. Tender to palpation T4-T8 spinous processes and associated paraspinal mm on the right side. Function: Independent in all ADLs but reports difficulty secondary to pain and burning sensation. Treatment/Plan: 6 sessions, 2/week x 3 weeks.

05/08/12: The claimant was evaluated by Dr. for constant burning, pinching mid back pain. Dr. noted that he had no improvement in the pinching and burning pain and that PT was not helping. On physical exam, he had mild tenderness in the mid back with no muscle spasm, no sensory/motor deficits, normal reflexes, and full ROM. Dr. prescribed ibuprofen 800 mg and Norco 5/325 mg.

05/09/12: UR by MD. Rationale: Per physician advisor: Deny: The patient underwent a prior utilization review on 04/20/12 which indicated the initial requested physical therapy exceeded the Official Disability Guidelines and the clinical data did not justify the additional physical therapy for the request submitted and the patient would be capable of continuing a home based exercise program. An additional physical therapy evaluation dated 05/04/12 reported the physical examination findings of thoracolumbar spine as noted in the summary

documenting 74 degrees of flexion, 30 degrees of extension, 17 degrees of right lateral bending, 16 degrees of left lateral bending with gross strength stated to be 4/5. Based on the additional documentation available for review, the patient has functional range of motion of the thoracolumbar spine and sufficient strength. The prior denial is supported. The Official Disability Guidelines recommend 10 sessions of physical therapy over a period of eight weeks for back and lumbar strain and sprain. The patient has participated in 12 physical therapy sessions to date. Without specific functional or occupational deficits, no further formal physical therapy would be medically supported. Therefore, no further additional formal physical therapy is medically supported as the patient is capable of continuing an independent home exercise program. Physician advisor attempted a peer to peer discussion with Dr. on 05/07/12 and 05/08/12. Call back information and due date were provided.

05/14/12: The claimant was reevaluated by MD. Pain scale 4/10 in the back and head. On physical exam, he had mild tenderness, no muscle spasm, no sensory/motor deficit, normal reflexes, and full ROM. He was diagnosed with thoracic strain/sprain.

05/16/12: Prospective Review (M2) Response by MD. The medical necessity for the proposed additional six sessions of physical therapy for the thoracic spine at Physical Therapy & Rehabilitation as requested by Dr. in a patient who has completed physical therapy sessions in accordance with the ODG and has no other clinical necessity for ongoing therapy versus an aggressive home therapy program is not substantiated at this time. Claimant should be independent with an aggressive home exercise program; since it is important that patients stay active and increase their activity to minimize disuse, atrophy, aches and pains and to increase their endorphin levels.

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

The previous adverse decisions are upheld. As per ODG, recommendation for sprains/strains of unspecified parts of the back (ICD9 847) is 10 visits over 5 weeks. On 05/04/12, the claimant's thoracic spine range of motion was measured and was within functional limits; recommendation was for six additional physical therapy sessions. On 05/08/12, Dr. notes indicated that physical therapy was not helping. As of 05/09/12, the claimant had completed 12 sessions of physical therapy. No additional functional or occupational deficits were cited. Based on this information, the requested six sessions of physical therapy for the thoracic spine at Physical Therapy and Rehabilitation as requested by Dr. is not medically necessary and is noncertified.

ODG:

Physical therapy (PT)	<p><i>ODG Physical Therapy Guidelines –</i></p> <p>Allow for fading of treatment frequency (from up to 3 or more 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".</p> <p>Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks</p> <p>Sprains and strains of unspecified parts of back (ICD9 847): 10 visits over 5 weeks</p> <p>Post-surgical treatment: 34 visits over 16 weeks</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)**