

# AccuReview

An Independent Review Organization

569 TM West Parkway

West, TX 76691

Phone (254) 640-1738

Fax (888) 492-8305

Notice of Independent Review Decision

**[Date notice sent to all parties]:** October 16, 2012

**IRO CASE #:**

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

8 Sessions (2 times a week for 4 weeks) of Additional Physical Therapy for the Lumbar Spine (97010 Heat/Cold Therapy 15 min; 97110 Therapeutic Exercise; 97530 Therapeutic Activities 15 min)

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

This physician is Board Certified PM/Occupational Medicine with 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 medical necessity exists for each of the health care services in dispute.

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

04-13-12: Notice of Disputed Issue(s) and Refusal to Pay Benefits

08-07-12: Patient Plan

08-13-12: Notice of Disputed Issue(s) and Refusal to Pay Benefits

08-16-12: Initial Evaluation

08-16-12: Request for Treatment

08-17-12: Texas Workers' Compensation Work Status Report

08-22-12: UR performed

08-28-12: Office visit

08-28-12: Physical Therapy Prescription

09-05-12: Physical Therapy Evaluation

09-05-12: Physical Therapy Plan of Care

10-01-12: UR performed

10-02-12: Patient Plan

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female that was injured while working xx/xx/xx. and forced back extension feeling a pull in her back.

08-07-12: Patient Plan. Claimant presented with lumbar spine pain. Claimant was advised to take OTC anti-inflammatories (NSAIDs). Today's instruction/counseling includes the following restrictions: to apply ice to affected area for 15 minutes every hour for the first two days and relative activity for the affected joint was advised; gentle stretching exercises. Continue with PT with Momentum 2x4 Physical Therapy to evaluate and treat. Follow up in 21 days. Current medications: Atacand HCT, Vitamin B-12, Spironolactone, Nexium, Toprol XL, Ubidecarenone/Red Yeast Rice, Clindamycin HCL, Synthroid, Vivelle-DOT, Genfibrozil. Allergies: Sulfa, Iodine, Latex, PCN, Codeine.

08-16-12: Initial Evaluation. Chief complaint: left low back, gluteal and posterior symptoms with ADLs. Claimant underwent PT for April through May 2012, but had to discontinue due to other health concerns: vertigo and a spider bite that developed a MRSA infection. Restrictions: no lifting for the next three weeks as ordered. Claimant is currently working. Assessment: Evaluation has determined decrease in functional status and subjective and objective deficits that can be addressed by PT interventions. Underlying left SI dysfunction; lumbar segmental hypomobility and LE adverse neural tissue tension. Claimant will benefit from skilled PT to improve functional mobility, allowing ADLs and work duties without limitations. Plan: Goals: Short term: independent with home exercise program in 3 visits; increase lumbar ROM to WNL in 2-4 weeks. Long term: demo core and hip MMT 4+/5 in 6-8 wks; claimant to report decreased pain during functional activities in 6 weeks. Treatment Plan: Recommend Physical Therapy 2 times a week for 4 weeks, with treatments to consist of: body mechanic training (97110) – Proper positioning and lifting strategies, Core stabilization (97110) – Increase strength and function of spinal stabilization muscles, Flexibility (97110) – active and passive patient stretching, Neuromuscular Re-ed – 97112: Improve neurologic control of muscle function, ROM (97110) – Passive or active activities to increase joint range of motion, Therapeutic Exercise – 97110: improve muscle strength, ROM, flexibility, and muscle function, Heat-97010: Application of heat to increase focal circulation and decrease pain, IFC E-stim – 97014: Application of E-stim to modulate pain, Manual Stretching – 97140: passive or active stretching to improve muscle length and function, Soft Tissue Mobs-97140: Increase ROM tissue length, joint mechanics, and modulate pain, Spine Mobilization- 97140: Increase ROM, improve joint mechanics, and modulate pain. Initial Treatment: Patient Education – Initial Evaluation claimant understood injury and its management; L-Spine – BPC posterior pelvic tilt 1 set of 10 with 10 second holds; L-Spine – BPC bent knee fallouts 2 minutes each side; Hip-bridge bilateral 3 sets of 10; Hip-clams phase I 1 set of 10 with 10 second hold; Cardio- Total gym level 4 x 10 minutes with MHP; Manual- Joint mobilization/manipulation with claimant consent: prone left SI manipulation. 6 long axis hip manipulation.

08-22-12: UR. Reason for denial: Based on the medical records submitted for review on the above referenced claimant, 8 PT requested is not approved. Claimant has had PT. She should be able to perform active home exercises. She had much improved by 5/19/12. There is no indication for PT at this time.

08-28-12: Office visit. Chief complaint: L spine pain reported as being moderate, constant. Claimant reports feeling the same since previous visit and continues having spasms that are worse on the left side. PT has not been started due to peer to peer review. Physical Exam: Musculoskeletal: Tenderness: SI joint. AROM-Abduction: 45 degrees, adduction: 30 degrees, extension: 0 degrees, external rotation: 45 degrees, flexion: 120 degrees, internal rotation: 45 degrees. PROM: Abduction: 40 degrees, adduction: 30 degrees, extension: 0 degrees, external rotation: 40 degrees, flexion: 130 degrees, internal rotation: 30 degrees. Diagnosis: Lumbago (724.2). Medications were reviewed and suggested to be taken with food. Medication instructions given regarding Mobic as directed, physical therapy: Center for Physical Therapy tight lumbar radiculitis 2x4 options were discussed. Follow up in 4 weeks.

09-05-12: Physical Therapy Evaluation. Chief complaint: lightening pain with walking up stairs, going up an incline, and sitting greater than one hour. Location: pain middle back. Aggravates: left side down back leg relieved by movements. Claimant stated she is unable to pick up objects off the floor, difficulty with ADLs and sleep disturbances. Objective Evaluation: Palpation: TTP LS SP with Radicular symptoms to left. Neuromuscular Recruitment: Reflex Patellor slight decreased sensation decreased medial ankle. Flexibility: Hamstrings: medial positive SLR. Physical Therapy assessment: The claimant has lumbar spine Radiculopathy into left with decreased strength, limited flexion ROM. Claimant will benefit from skilled PT to work without pain.

09-05-12: Physical Therapy Plan of Care. Clinical Observations: decreased ROM, decreased flexibility, decreased strength, decreased joint mobility, decreased neuromuscular recruitment, decreased functional capacity. Treatment Plan: modalities, therapeutic exercise/activities: neuromuscular re-education, joint mobilization, soft tissue mobilization/MFR, home exercise program instruction/education.

10-01-12: UR. Reason for denial: This claimant has already had 9 sessions of formal therapy to date. The ODG would support the use of 9 sessions of formal therapy with a transition at that time to a home program. The need for further formal therapy will need further validation.

10-02-12: Patient Plan. Assessment & Plan: The claimant reported feeling about the same. Continues HEP. Formal PT not approved after the last 8 weeks despite no improvement. Lumbago (724.2). Given prescription of Daypro and directed on use. Physical therapy to evaluate and treat. Follow up in 28 days. Thoracic or lumbosacral neuritis or radiculitis, u (724.4). Medications include Mobic 7.5 mg daily, Daypro 600 mg 1-2 tablets daily.

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

The claimant is a female that was injured while working xx/xx/xx when and forced back extension feeling a pull in her back. She received 9 therapy treatments from April through May 2012 which were interrupted by a spider bite that became infected with MRSA. This complication is pertinent to her injury in that she was not allowed to lift for three weeks during which time it is likely that she became deconditioned. No documentation is made of the progress she made in therapy or whether she continued home exercise program during this time as is recommended by the ODG. She has been able to work in her vocation as a assistant principal after all these events occurred. At this time there is no mismatch between this claimant's essential job functions and her ability to work. Although it is the opinion of the therapist that she would benefit from additional therapy, there is no objective evidence in the documentation that medical necessity for additional therapy is warranted. Request for additional therapy after interruption due to illness must be sustained with objective parameters as recommended by the ODG. For this reason, I am not endorsing this request. Therefore, after review of the medical records and documentation submitted, the request for 8 Sessions (2 times a week for 4 weeks) of Additional Physical Therapy for the Lumbar Spine (97010 Heat/Cold Therapy 15 min; 97110 Therapeutic Exercise; 97530 Therapeutic Activities 15 min) is denied.

Per ODG:

Work conditioning, work hardening	<p><b>Criteria for admission to a Work Hardening (WH) Program:</b></p> <p>(1) <i>Prescription:</i> The program has been recommended by a physician or nurse case manager, and a prescription has been provided.</p> <p>(2) <i>Screening Documentation:</i> Approval of the program should include evidence of a screening evaluation. This multidisciplinary examination should include the following components: (a) History including demographic information, date and description of injury, history of previous injury, diagnosis/diagnoses, work status before the injury, work status after the injury, history of treatment for the injury (including medications), history of previous injury, current employability, future employability, and time off work; (b) Review of systems including other non work-related medical conditions; (c) Documentation of musculoskeletal, cardiovascular, vocational, motivational, behavioral, and cognitive status by a physician, chiropractor, or physical and/or occupational therapist (and/or assistants); (d) Diagnostic interview with a mental health provider; (e) Determination of safety issues and accommodation at the place of work injury. Screening should include adequate testing to determine if the patient has attitudinal and/or behavioral issues that are appropriately addressed in a multidisciplinary work hardening program. The testing should also be intensive enough to provide evidence that there are no psychosocial or significant pain behaviors that should be addressed in other types of programs, or will likely prevent successful participation and return-to-employment after completion of a work hardening program. Development of the patient's program should reflect this assessment.</p> <p>(3) <i>Job demands:</i> A work-related musculoskeletal deficit has been identified with the addition of evidence of physical, functional, behavioral, and/or vocational deficits that preclude ability to safely achieve current job demands. These job demands are generally reported in the medium or higher demand level (i.e., not clerical/sedentary work). There should generally be evidence of a valid mismatch between documented, specific essential job tasks and the patient's ability to perform these required tasks (as limited by the work injury and associated deficits).</p> <p>(4) <i>Functional capacity evaluations (FCEs):</i> A valid FCE should be performed,</p>
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	<p>administered and interpreted by a licensed medical professional. The results should indicate consistency with maximal effort, and demonstrate capacities below an employer verified physical demands analysis (PDA). Inconsistencies and/or indication that the patient has performed below maximal effort should be addressed prior to treatment in these programs.</p> <p>(5) <i>Previous PT</i>: There is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Passive physical medicine modalities are not indicated for use in any of these approaches.</p> <p>(6) <i>Rule out surgery</i>: The patient is not a candidate for whom surgery, injections, or other treatments would clearly be warranted to improve function (including further diagnostic evaluation in anticipation of surgery).</p> <p>(7) <i>Healing</i>: Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.</p> <p>(8) <i>Other contraindications</i>: There is no evidence of other medical, behavioral, or other comorbid conditions (including those that are non work-related) that prohibits participation in the program or contradicts successful return-to-work upon program completion.</p> <p>(9) <i>RTW plan</i>: A specific defined return-to-work goal or job plan has been established, communicated and documented. The ideal situation is that there is a plan agreed to by the employer and employee. The work goal to which the employee should return must have demands that exceed the claimant's current validated abilities.</p> <p>(10) <i>Drug problems</i>: There should be documentation that the claimant's medication regimen will not prohibit them from returning to work (either at their previous job or new employment). If this is the case, other treatment options may be required, for example a program focused on detoxification.</p> <p>(11) <i>Program documentation</i>: The assessment and resultant treatment should be documented and be available to the employer, insurer, and other providers. There should documentation of the proposed benefit from the program (including functional, vocational, and psychological improvements) and the plans to undertake this improvement. The assessment should indicate that the program providers are familiar with the expectations of the planned job, including skills necessary. Evidence of this may include site visitation, videotapes or functional job descriptions.</p> <p>(12) <i>Further mental health evaluation</i>: Based on the initial screening, further evaluation by a mental health professional may be recommended. The results of this evaluation may suggest that treatment options other than these approaches may be required, and all screening evaluation information should be documented prior to further treatment planning.</p> <p>(13) <i>Supervision</i>: Supervision is recommended under a physician, chiropractor, occupational therapist, or physical therapist with the appropriate education, training and experience. This clinician should provide on-site supervision of daily activities, and participate in the initial and final evaluations. They should design the treatment plan and be in charge of changes required. They are also in charge of direction of the staff.</p> <p>(14) <i>Trial</i>: Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective improvement in functional abilities. Outcomes should be presented that reflect the goals proposed upon entry, including those specifically addressing deficits identified in the screening procedure. A summary of the patient's physical and functional activities performed in the program should be included as an assessment of progress.</p> <p>(15) <i>Concurrently working</i>: The patient who has been released to work with specific restrictions may participate in the program while concurrently working in a restricted capacity, but the total number of daily hours should not exceed 8 per day while in treatment.</p>
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(16) *Conferences:* There should be evidence of routine staff conferencing regarding progress and plans for discharge. Daily treatment activity and response should be documented.

(17) *Voc rehab:* Vocational consultation should be available if this is indicated as a significant barrier. This would be required if the patient has no job to return to.

(18) *Post-injury cap:* The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two-years post injury generally do not improve from intensive work hardening programs. If the worker is greater than one-year post injury a comprehensive multidisciplinary program may be warranted if there is clinical suggestion of psychological barrier to recovery (but these more complex programs may also be justified as early as 8-12 weeks, see [Chronic pain programs](#)).

(19) *Program timelines:* These approaches are highly variable in intensity, frequency and duration. APTA, AOTA and utilization guidelines for individual jurisdictions may be inconsistent. In general, the recommendations for use of such programs will fall within the following ranges: These approaches are necessarily intensive with highly variable treatment days ranging from 4-8 hours with treatment ranging from 3-5 visits per week. The entirety of this treatment should not exceed 20 full-day visits over 4 weeks, or no more than 160 hours (allowing for part-day sessions if required by part-time work, etc., over a longer number of weeks). A reassessment after 1-2 weeks should be made to determine whether completion of the chosen approach is appropriate, or whether treatment of greater intensity is required.

(20) *Discharge documentation:* At the time of discharge the referral source and other predetermined entities should be notified. This may include the employer and the insurer. There should be evidence documented of the clinical and functional status, recommendations for return to work, and recommendations for follow-up services. Patient attendance and progress should be documented including the reason(s) for termination including successful program completion or failure. This would include noncompliance, declining further services, or limited potential to benefit. There should also be documentation if the patient is unable to participate due to underlying medical conditions including substance dependence.

(21) *Repetition:* Upon completion of a rehabilitation program (e.g., work conditioning, work hardening, outpatient medical rehabilitation, or chronic pain/functional restoration program) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.

### *ODG Work Conditioning (WC) Physical Therapy Guidelines*

WC amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision (and would be contraindicated if there are already significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs). See also [Physical therapy](#) for general PT guidelines. WC visits will typically be more intensive than regular PT visits, lasting 2 or 3 times as long. And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work.

*Timelines:* 10 visits over 4 weeks, equivalent to up to 30 hours.

**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)**