



**Notice of Independent Review Decision - WC**

**DATE OF REVIEW:**

07/31/13

**IRO CASE #:**

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

Outpatient Physical Therapy to the Lumbar Spine Three Times per Week for Four Weeks consisting of manual therapy, therapeutic exercises, ultrasound, therapeutic activities, group therapeutic , and electrical stimulation, no more than four units per session

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

Board Certified in Physical Medicine & Rehabilitation

**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)

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.

Outpatient Physical Therapy to the Lumbar Spine Three Times per Week for Four Weeks consisting of manual therapy, therapeutic exercises, ultrasound, therapeutic activities, group therapeutic , and electrical stimulation, no more than four units per session – UPHELD

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- WC Office Visits, 02/21/07, 03/30/07, 04/09/07, 05/07/07, 06/04/07, 06/08/07, 06/25/07, 07/16/07, 07/23/07, 08/20/07, 09/12/07, 09/28/07, 09/28/07, 12/21/07, 03/07/08, 04/21/08, 04/24/08, 05/16/08, 07/11/08, 09/16/08, 01/13/09, 03/03/09, 03/25/09, 04/30/09, 07/16/09, 09/10/09, 01/14/10, 04/12/10, 07/19/10, 08/30/10, 10/14/10,

- 02/23/11, 05/25/11, 07/13/11, 09/15/11, 09/28/11, 12/14/11, 01/09/12, 02/01/12, 02/15/12, 03/02/12, 05/09/12, 05/23/12, 05/25/12, 06/20/12, 07/27/12, 08/15/12, 09/19/12, 09/05/12, 10/31/12, 12/05/12, 12/11/12, 01/04/13, 01/09/13, 02/12/13, 04/18/13, 05/07/13, 05/30/13
- Electrodiagnostic Studies, 02/26/07, 08/16/07, 08/02/10
  - Cervical Spine X-Rays, 06/25/07
  - Cervical Spine MRI, 05/11/10
  - Lumbar Spine MRI, 05/11/10, 04/18/12
  - Right Shoulder MRI, 10/10/11
  - Therapy, 05/14/13
  - Denial Letters, 05/20/13, 06/10/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient received an evaluation on 02/21/07. This assessment indicated that past treatment to the lumbar spine did include lumbar spine surgery performed in 2000. It was also documented that past treatment did include prescription medication utilization and physical therapy services. The records available for review do indicate that in 2008, the patient received access to treatment in the form of a comprehensive pain management program. On this date, it was documented that lumbar spine x-rays revealed evidence for lumbar spondylosis with disc space narrowing at the L5-S1 level. It was recommended that a lumbar MRI be accomplished and also it was recommended that an electrodiagnostic assessment of the lower extremities be obtained to evaluate the patient's symptoms of pain.

The patient was evaluated on 12/05/12. On this date, there were symptoms of shoulder pain on the right side. On this date, the patient was diagnosed with a right rotator cuff tear. It was recommended that the patient receive access to treatment in the form of physical therapy services.

On 12/11/12, the patient was evaluated. On this date, the patient was with symptoms of low back pain described as greater than an 8 on the scale of 1 to 10. It was documented that symptoms of pain radiated to the right buttock region and to the foot. It was also documented that pain radiated to the left foot. The patient was diagnosed with a thoracic strain and a lumbar strain.

evaluated the patient on 04/18/13. On this date, the patient was with symptoms of low back pain. It was documented that there was a negative straight leg raise test bilaterally in the lower extremities.

The patient received an evaluation on 05/07/13. On this date, there were symptoms of low back pain described as greater than an 8 on a scale of 1 to 10. It was documented that narcotic medication was utilized for management of pain symptoms.

A physical therapy evaluation occurred on 05/14/13. It was documented that past treatment did include treatment in the form of lumbar spine surgery, prescription medications, a lumbar epidural steroid injection (ESI) and "pain management."

evaluated the patient on 05/30/13. On this date, there were symptoms of low back pain. The pain was described as constant in nature.

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

The date of injury is approaching xx years in age. The records available for review do not indicate that there has been a recent change in the neurological examination of the patient. It is documented that past treatment has included access to treatment in the form of physical therapy services, as well as an attempt at a comprehensive pain management program. The Official Disability Guidelines would support an expectation for an ability to perform a proper non-supervised rehabilitation regimen when an individual is this far removed from the onset of symptoms and when an individual has received access to the amount of supervised rehabilitation services previously provided. Additionally, the above noted reference would support an expectation for and ability to perform a proper non-supervised rehabilitation regimen for the described medical situation when there is no indication of any new changes on neurological examination compared to previous. As such, based upon the medical documentation currently available for review, the Official Disability Guidelines would not support a medical necessity for treatment in the form of physical therapy services for the described medical situation.

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

- DWC - DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**