IRO REVIEWER REPORT TEMPLATE -WC

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Notice of Independent Review Decision

Date notice sent to all parties: 12/20/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CPT code 97112, 97140, 97530, 97010, 12 visits of physical therapy

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

Texas Licensed, Board Certified Physical Medicine and Rehabilitation Specialist.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

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:

1. 11/5/12 and 11/12/12 denial letters.
2. Office Notes 10/16/12 through 2/28/12
3. Bone Scan 3/6/12
4. Cervical MRI 12/17/11
5. Thoracic MRI 10/26/11
6. FCE 4/24/12
7. July 2012 IRO

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a male who reports work injury involving his neck and mid back while working on 10/20/11. The medical records contain an initial evaluation on 2/28/2012. This is 4 months post injury and reflects that the claimant works. He had worked the employer for seven years. The work requires very heavy physical demands. The claimant reported that he was injured as the result of a specific lift. He noted the immediate onset of neck and back pain and first saw a physician on that same day. The patient's present chief complaint is related to continuous mid greater than upper back and neck pain. He also complains of more diffuse bilateral chest pain. He reported symptoms have been unimproved. The patient indicates that today his symptoms are 5-8 in severity on a VAS scale of10.The patient says that as a result of this he has been unable to return to work. He says that these symptoms are aggravated by forward flexion of the cervical spine and somewhat relieved by walking. The patient denies a history of previous similar problems. He says that he had a previous work related lower back injury in 2007 and missed sixteen weeks from work as a result of this prior to making a full recovery. He otherwise denies a history of previous work related injuries. He says that he is in generally good health and that he is a non-smoker. He has no complaints regarding bowel or bladder dysfunction. The patient says that he has been seen and treated. He says that he has seen a physical therapist on about twenty occasions. He says that he has been scheduled to undergo either a thoracic epidural or thoracic facet injections. He says that he is presently taking etodolac and tramadol. He is referred here for evaluation and treatment. The patient's Oswestry score was 16.

Physical examination showed the patient is a healthy appearing male who is somewhat overweight. The patient sits without obvious discomfort, moves without difficulty andwalks without a limp. The patient can toe walk and heel walk on both lower extremities without difficulty. The patient can stand on either lower extremity without significant pelvic tilting. The patient is pleasant and cooperative. The patient is well oriented to person, place and time and in no obvious distress. The patient demonstrates full active range of motion of the cervical spine other than for mild limitation of active forward cervical flexion. The patient demonstrates a full active range of motion of both

upper extremities including shoulders, elbows, wrists and hands. There is no obvious swelling, atrophy, deformity or other objective evidence of a significant musculoskeletal injury in either upper extremity. Radial pulses are full and intact bilaterally_ Direct visual inspection of the patient's posterior neck, mid back and lower back is unremarkable other than for a well healed incision over the patient's lower back. There is no obvious muscle spasm or deformity. The patient can flex forward with his knees extended and come within 4 inches of touching his toes. The patient demonstrates full active lumbar extension and full active lateral lumbar flexion bilaterally. The patient demonstrates no abnormal mechanical movements when moving through this range of motion. Hidden straight leg raise on both the left and right with the patient in a seated position causes the patient no obvious discomfort, is not limited and does not cause the patient to withdraw. There are no abnormal neurological findings noted in either lower extremity. Strength in all motor groups in both lower extremities is normal and 5/5. Infrapatellar and tendoachilles reflexes are symmetrical on the left and right. There is no obvious swelling, atrophy, deformity or other objective evidence of a significant musculoskeletal injury In either lower extremity. Anterior and posterior pedal pulses are full and intact bilaterally DIAGNOSTIC STUDIES: Images and a report from a thoracic MRI scan done on 1026- 11 demonstrate multi-level degenerative changes but do not clearly demonstrate significant cord compromise.

The overall diagnoses were SPONDYLOGENIC CERVICOTHORACIC SPINE CHRONIC, ANATOMIC ETIOLOGY UNDETERMINED PAIN,

discussed with the patient at length the nature and appropriate treatment of these symptoms. He had recommended appropriate activity modification. His office was to attempt to obtain films and a report from the patient's previous cervical MRI scan. Because of the magnitude, diffuse nature and persistence of the patient's complaints, he have recommended that he undergo a bone scan and he had agreed to this. At the patient's request, he is given a prescription to return to see a physical therapist three days per week over the next two weeks for passive treatment and supervised exercise. The patient is encouraged to continue to take previously prescribed etodolac and tramadol as directed and as tolerated. The patient is given a release allowing him to return to light active work lifting up to 10 pounds. recommended follow-up.

The notes overall reflect that the claimant had follow-up at 1-2 month intervals through June, 2012. There is a subsequent gap between June 2012 and the most recent evaluation on October 12, 2012.

3/16/12 bone scan showed no serious abnormalities in the axial spine areas including cervical, thoracic, and lumbar areas. Cervical and thoracic MRI studies have shown cervical and thoracic degenerative disc disease and multilevel bulging discs. He was treated with etodolac and tramadol. He received conservative care. 4/23/2012 evaluation indicates that the claimant would reach maximum medical improvement in 8 weeks.

However, the claimant underwent a functional capacity evaluation on 4/24/2012. The claimant was able to lift up to 60 pounds. The evaluation noted that the claimant was able to perform multiple tasks and activities with no deficits. He did have problems with sustained sitting.

He was seen in follow-up on 4/27/2012 and provided with a work release consistent with the functional capacity evaluation. The claimant was able to do exercise on this own. recommended additional physical rehabilitation.

On 5/10/2012, 6/15/2012, and 10/16/2012 indicates that he recommended additional course of physical rehabilitation which had been denied. This was appealed.

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

Based on a review of the submitted medical records, I am unable to recommend the medical necessity and appropriateness of 12 physical therapy visits using CPT codes 97112, 97140, 97530, 97010.

97112 Therapeutic procedure, one or more areas, each 15 minutes: neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and/or standing activities
97140 Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
97530 Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
97535 Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes.

The claimant's listed date of injury is xx/xx/xx and nearly x years have elapsed since initial injury. The claimant should essentially be at maximum medical improvement or a medical end point. MRI studies have demonstrated what appears to be cervical and thoracic degenerative disc disease with multilevel bulging discs. The claimant has had chronic pain complaints but objectively has improved with conservative treatment in the past and physical examination findings have shown no serious orthopedic or neurologic deficits. Functional capacity evaluation on 4/24/2012 showed excellent lifting capacity.

ODG guidelines address physical therapy for the neck, thoracic spine, and back.

ODG Physical Therapy Guidelines –

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 <../preface.htm>, including assessment after a "six-visit clinical trial".

Cervical and thoracolumbar sprains and strains (ICD9 847.2):

10 visits over 8 weeks

Sprains and strains of unspecified parts of back (ICD9 847):

10 visits over 5 weeks

Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8):

Medical treatment: 10 visits over 8 weeks

Intervertebral disc disorder with myelopathy (ICD9 722.7)

Medical treatment: 10 visits over 8 weeks

Post-surgical treatment: 48 visits over 18 weeks

Spinal stenosis (ICD9 724.0):

Work conditioning (See also Procedure Summary entry):

10 visits over 8 weeks

In this case has recommended 12 additional physical therapy visits for the claimant with the above CPT codes. However the claimant has already received a course of physical therapy in the past and should be able to perform a self supervised home exercise program with gym component. Functional capacity evaluation had been performed on April 24, 2012 and showed excellent physical capacity except sustained sitting. There is no formal job description available for review or request for work conditioning or work hardening. There are no new short and long term goals identified in any office visit notes or specific deficits identified requiring multiple serial physical therapy visits. A physical therapy reevaluation had not been requested after the 4 month hiatus and prior to continued recommendation for 12 physical therapy visits. There is no information that the results of performing additional physical therapy will influence medical decision-making, decrease pain, decrease use of pain medication, improve overall functional status, increase ability to do work activities, lessen physical restrictions, or improve overall outcome. I would expect that similar gains should be attainable through a self supervised home exercise program with gym component.

This determination is consistent with ODG guidelines and standard textbooks of medicine.

2008 Delisa: Rehabilitation Medicine 5/E

2010 Lippincott Williams & Wilkins.

Braddom: Physical Medicine And Rehabilitation 4/E

2010 W B Saunders Company.

Sawark:Essentials of Musculoskeletal Care 4/E,

2010 American Academy of Orthopedic Surgery.

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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**
- X **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- X **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**
- X **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION):** 2008 Delisa: Rehabilitation Medicine 5/E 2010 Lippincott Williams & Wilkins. Braddom: Physical Medicine And Rehabilitation 4/E 2010 W B Saunders Company. Sawark:Essentials of Musculoskeletal Care 4/E, 2010 American Academy of Orthopedic Surgery.
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**