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Notice of Independent Review Decision

April 23, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Passive care or PT

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

Physical Medicine and Rehabilitation Physician

REVIEW OUTCOME:

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

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who on xx/xx/xx, was involved in a slip and fall and started having hip pain and bilateral leg pain.

Per DWC-73 dated February 4, 2014, evaluated the patient for a slip and fall injury. The patient complained of hip and leg pain. diagnosed hip pain and kept the patient on restricted duty through February 6, 2014, to include avoid kneeling/squatting, pushing/bending and climbing stairs/ladders.

On February 6, 2014, evaluated the patient for musculoskeletal pain. The patient had sudden onset of pain located in the hip and bilateral legs. She rated the pain as 2/10 and stated it was aching, sharp and shooting type. It was aggravated by

certain movements and relieved by nothing. The patient was initially seen on February 4, 2014, but had not received treatment regimen. She was currently utilizing prednisone. The review of systems (ROS) was positive for nosebleeds, sinus problems and easy bruising of skin. diagnosed pain in joint of pelvic region and thigh, somatic dysfunction of lumbar region and somatic dysfunction of sacral region. The patient was recommended continuing with current drug regimen and returning in six days. recommended continuing with restricted duty.

On February 13, 2014, the patient stated that she had been unchanged and was having pain located in the hip and bilateral legs. continued the patient on modified duty to include no lifting greater than 20 pounds, not bending greater than one times per hour, restricted completely in squatting and restricted from climbing.

Per a preauthorization request dated February 14, 2014, requested physical therapy (PT) for her work related injury. He recommended that the patient would require at least 60 minutes per treatment session for three times a week for three weeks with a total of nine visits.

On February 14, 2014, performed a physical therapy initial evaluation on the patient. recommended manual therapy to the lumbar and pelvic regions for three days per week for three weeks.

Per utilization review dated February 25, 2014, denied the request for PT three times a week for three weeks with the following rationale; *"The patient is months status post slip/fall. There are no clinical findings submitted to substantiate medical necessity of physical therapy at this time. There are no findings to suggest the patient sustained anything more than a soft tissue injury that should have resolved within 6-8 weeks, with or without treatment. Given the submitted documentation, the date and mechanism of injury, the request does not appear to be in keeping with the ODG guidelines. Recommend non-approval of nine sessions of physical therapy."*

On February 26, 2014, evaluated the patient for ongoing symptoms. Examination of the lumbar spine showed restricted range of motion (ROM) with flexion limited to 80 degrees, extension limited to 25 degrees, right lateral bending limited to 45 degrees and left lateral bending limited to 4 degrees. recommended the patient to continue with PT and return in two weeks. kept the patient on restricted duty till March 12, 2014.

On March 4, 2014, the patient complained of ongoing symptoms of musculoskeletal pain. On examination, right hip movements were painful with external rotation and the patient described a pulling sensation in the medial thigh upon internal rotation of the hip. Left hip movements were painful with internal rotation. Pelvic examination showed anterior superior iliac spine (ASIS) was superior left ileum without flaring. Motion was restricted in the pubic bones. There was tenderness of the posterior superior iliac spine (PSIS) on the left and right. Pelvic compression test was positive on left. Sacral examination showed a sacral torsion in the left. recommended adding Medrol Dosepak to the current

regimen and undergoing magnetic resonance imaging (MRI). The Worker's Compensation was denying PT. He kept the patient on restricted duty till March 11, 2014.

On March 6, 2014, MRI of the right hip identified a small amount of symmetric fluid in both hips at the upper limits of normal boarding on mild effusion. There was asymmetric increased signal more T2 weighted imaging in the right hamstring origin consistent with asymmetric mild tendinopathy/tendinosis seen. It was associated with localized increased signal on more T2 weighted images in the adjacent right quadratus femoris muscles and soft tissues in the right ischiofemoral space suggesting an ischiofemoral impingement syndrome. An incident finding of 6 mm Nabothium cyst in the cervix was seen.

On March 12, 2014, evaluated the patient for musculoskeletal pain. The pain was located in the hip and left right leg. She rated the pain at 4/10 and was characterized as sharp. The pain was aggravated by walking and moving around. It would get better with medications (prednisone) and sitting. The patient stated that her pain had gotten better but she still had not been doing anything. She was currently utilizing Medrol Dosepak and prednisone. On examination, right hip revealed restricted ROM with flexion limited to 90 degrees, extension limited to 40 degrees, adduction limited to 50 degrees, abduction limited to 20 degrees, internal rotation limited to 30 degrees and external rotation limited to 50 degrees. MRI of the right hip revealed ischiofemoral impingement syndrome and hamstring tendonitis. diagnosed pain in the joint of pelvic region and thigh ischiofemoral impingement. He recommended continuing the current drug regimen and returning in two weeks. He recommended PT and kept her on modified duty to include no lifting greater than 10 pounds, pushing or pulling greater than one pounds, occasional squatting (1/3 of work day), climbing occasionally (1/3 work day). opined that the patient was improving slower than expected and she was 30% better.

Per a preauthorization request dated March 13, 2014, requested PT for 60 minutes per treatment session, three times a week for three weeks with the total of nine visits.

Per reconsideration review dated March 27, 2014, denied the appeal for PT three times a week for three weeks with the following rationale: *“Recommended upholding the initial adverse determination. The patient sustained a slip and fall and a contusion. The contusion has resolved. The patient has no identifiable hip pathology of occupational etiology to be addressed by additional supervised rehab. Persistent pain complaints absent treatable musculoskeletal pathology is not an indication for supervised rehab. The sequela of the contusion resolved long ago.”*

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

It is months post contusion and there are no objective findings to support the ongoing subjective complaints. Therapy for a contusion months post injury without identifiable pathology is not supported and the decision is upheld.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES