

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]: April 29, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 Initial Physical Therapy Left Hip/Leg, 2 times a week for 6 weeks; S/P Left Inguinal Hernia Repair; as an Outpatient

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

This physician is Board Certified in Rehabilitation and Physical Medicine with over 18 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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx compensable body part is the groin. Claimant was seen by, not a work comp. Last visit 1/21/14, he had sent letter to job that he could return to job 1/28/14. But, he was referred to Pain Management that was out of network, and then referred back (not work comp), PCP referred him to PT (not work comp) to stretch the area in pelvis – he has completed the PT course. He is still doing HEP and is wondering if he may be overdoing is with PT. He complained of continued tenderness in L groin, painful with fast walking, difficult to left leg. All prior treatment was thru his private insurance. Claimant hasn't worked in weeks and is currently trying to recover from his operation but concerned about persistent pain. He stated he has had to seek work comp providers himself, has not received support from employer to

obtain medical services thru work comp. He is not taking pain medications and current return to work date if 1/28/14.

02-27-14: New Patient Encounter. Claimant complained of L groin tenderness. PE: examination of abdomen: abnormal, tender over medial aspect of well healed LLQ/inguinal surgical incision scar. Assessment: Groin (inguinal) Pain Left Side 789.09. Plan: Medications: Gabapentin 300 mg PO QHS; Therapy; 2/27/14 to (Evaluate: 9/25/14; Last Rx: 2/27/14. Referrals: pain management referral outpatient and PT referral outpatient.

03-07-14: Chief complaint: difficulty walking, joint stiffness, joint swelling, muscle tenderness, muscle weakness and hip pain. Claimant reported C/O pain and discomfort in left groin. Myotomes lower extremity: Ankle dorsiflexion (L4): L: 4, R: 5; Hallux extension (L5): L: 4, R: 5. AROM: lumbar spine: flexion-90%, painful; extension-25%, painful; right side bending (lateral flexion):50%, painful; left side bending (lateral flexion): 75%, not painful. LEFS Total Score – 29.0. Assessment: Impairments gait, muscle strength, pain, posture and ROM. Functional limitations decreased safely during functional activities, impaired gait, impaired locomotion, limitations in community activities, and limitations in functional capacity and performance, limitations in home management, performance in leisure activities, performance in self-care ADL, performance in sport activities and performance in work activities. Disability environmental barriers, home barriers and work barriers, prevention need for fitness, need for health promotion, need for prevention, need for risk reduction and need for wellness. Clinical Impression: Claimant demonstrated restricted mobility with extension and right side flexion of the lumbar spine with increase in symptoms. He demonstrated poor postural awareness, demonstrates abnormal gait and decreased tolerance to weight bearing on the LE. Treatment Plan of Care: 1. Precaution, 2. PT re-eval basic, 3. Therapeutic exercise 15 min, 4. Manual therapy 15 min, 5. Neuromuscular re-education 15 min, 6. Gait training 15 min, 7. Group therapy, 8. PT hot pack, 9. Eval and home program, 10 functional activities 15 min, 11. PT cold pack. Frequency & duration: 2/week x 6 weeks.

03-12-14: Current Medications. Azopt 1% ophthalmic suspension, Combigan 0.2-0.5% Ophthalmic Solution, Lumigan 0.01% Ophthalmic Solution, Gabapentin 300mg Oral Capsule.

03-20-14: Established Visit. Claimant is post op 3 months now from L inguinal hernia repair after L groin pain developed on the job. He has persistent L inguinal pain surrounding the surgical site which limits his ability to walk. Claimant stated he is frustrated by the persistent pain and it is discouraging to him that he is unable to exercise and is gaining weight. ROS: musculoskeletal: limb pain. Neurological: difficulty walking. Active Problems: Dyslipidemia 272.4, Glaucoma 365.9, Groin (Inguinal) Pain Left Side 789.09, HTN 401.9, Joint Pain in the Left Hip 719.45. Current Meds: Atorvastatin Calcium 20 mg, Azopt 1%, Combigan 0.2-0.5% Ophthalmic Solution, Lumigan 0.01% Ophthalmic Solution. PE: unchanged since 2/27/14. Assessment: 1. Joint pain in the left hip 719.45, 2. Groin (inguinal) pain left side 789.09. Discussion/Summary: Due to continued

pain and dysfunction, claimant is still unable to perform the full duties of his current job position. Discussed the possibility of light duty but no one has discussed the possibility of this with the claimant. PT evaluation and treatment. Evaluation and treatment in Pain Clinic. Trail of Gabapentin with gradual titration of dosing. We agreed he can return to work which does not require lifting >10 # for more than 2 hours per day intermittently. He cannot bend at the waist, squat, push or pull. Follow-up in 2-3 weeks.

03-20-14: UR. Reason for denial: The claimant is a male who had a left inguinal hernia repair on 12/31/13. Reportedly, he had completed physical therapy and was doing HEP for a hip issue. HE was tender in the groin, painful with fast walking, difficult to lift leg. He has been trying to recover from his operation but concerned about the persistent pain. He was not taking pain medication. The office record 2/27/14 does not provide any neuromuscular deficit. The entire four-page report states that he had an inguinal repair. The medical records do not document any unusual finding to require physical therapy. The physical therapy is not a standard of care in a hernia repair. The request is not medically necessary and non-certification is recommended.

03-27-14: UR. Reason for denial: The request is for reconsideration for initial physical therapy to the left hip and leg two times a week for six weeks. On 12/31/13, the claimant had a surgical hernia repair. The claimant had had physical in the past after the initial inguinal hernia. There are no neurologic or orthopedic impairments that would require additional physical therapy. The claimant was instructed in home exercises and should be doing them on a regular basis. There is really no physical therapy or an inguinal hernia post inguinal hernia repair, and the request at this time is recommended for non-certification as being not medically reasonable or necessary.

04-09-14: Established Visit. Claimant continued with persistent L groin pain, clinically suspicious for post hemiorrhaphy pain syndrome. Pain symptoms are still intermittent. Claimant stated he is trying to stay active and walking ½-1 mile at a time with pain the entire time up to a 6-7/10 when severe, and tenderness over L hernia repair site over surgical incision. He finally was able to start his Gabapentin 1 wk ago. Active Problems: Dyslipidemia 272.4, Glaucoma 365.9, Groin (Inguinal) Pain Left Side 789.08, HTN 401.9, Joint Pain in the Left Hip 719.45. Current Meds: Azopt, Combigan, Gabapentin, Lumigan. PE: Examinations for hernias: At medial end of L hernia repair scar, there is an area about 0.5 cm which has healed, is scarred but appears that it opened and then healed by granulation. There is mild tenderness on palpation of area. Assessment: Groin (Inguinal) Pain Left Side 789.09. Discussion/Summary: Persistent inguinal pain left side is still present, suspect that this is due to post hemiorrhaphy pain syndrome. Treatment recommended for this is continuation of pain medication, Lyrica, PT, pain management referral. Additional appeal has been submitted for the PT which was ordered 2/27/14 and again 3/6/14. Claimant advised to F/U with adjuster to determine if the pain management referral has been approved. He is able to return to work with light duty that does not require lifting, squatting, twisting/turning at the waist, heavy pushing.

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

Previous adverse determinations are UPHELD/AGREED upon. After reviewing the medical records and documentation provided, there is lack of clinical information. Other than inguinal scar and tenderness there are no documented neurological or musculoskeletal exams to demonstrate any deficit in hip/lower extremity range of motion, sensation or strength. There is documentation that the claimant has had physical therapy, but no documentation regarding number of neither visits nor progress. There is question regarding compliance with a home exercise program. Therefore the request for 12 Initial Physical Therapy Left Hip/Leg, 2 times a week for 6 weeks; S/P Left Inguinal Hernia Repair; as an Outpatient is denied and non-certified.

Per ODG:

<p>Post-herniorrhaphy pain syndrome</p>	<p>Recommend identifying specific etiology. If neuropathic pain, then recommend antidepressants or antiepilepsy drugs. Patient controlled analgesia is not a long-term solution. The frequency of chronic pain after inguinal hernia repair may be high, including inguinal nerve damage. Chronic pain is reported less often after laparoscopic and mesh repairs. (Poobalan, 2003) Use of patient controlled analgesia showed improvement in the first 24 hours, but not thereafter, and achieved reasonable results at rest, but a considerable number of patients experienced moderate to severe pain with movement. (Ausems, 2007) Chronic pain following hernia repair is common and diverse in etiology but may allow for a classification contributing to the development of tailored treatment regimens. In this study moderate to severe pain was present in 11.9% of patients. Of those, three separate groups of diagnoses were identified: (1) neuropathic pain (49% of chronic pain patients) indicating inguinal nerve damage; (2) non-neuropathic pain (27%) due to an array of diagnoses including periostitis (12%) and recurrent hernia (9%); & (3) a tender spermatic cord and/or a tight feeling in the lower abdomen (29%). Treatment needs to be based on the cause. For the most common cause, neuropathic pain, see Antidepressants for neuropathic pain and Antiepilepsy drugs. (Loos, 2007) See also other sections of the Pain Chapter for other procedures used for chronic pain. Also see Ilioinguinal nerve ablation, which is recommended as an option in persistent groin pain post hernia repair.</p>
<p>Physical medicine treatment</p>	<p>Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of acute pain treatment or acute exacerbations of chronic pain and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy</p>

	<p>requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) As far as medical necessity considerations for exercise equipment, see the Knee Chapter, Durable medical equipment (DME), & the Low Back Chapter, Exercise. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)</p> <p>ODG Physical Therapy Guidelines – Allow for fading of treatment frequency (from up to 3 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.</p> <p>Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks</p> <p>Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks</p> <p>Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 26 visits over 16 weeks</p> <p>Arthritis (ICD9 715): Medical treatment: 9 visits over 8 weeks Post-injection treatment: 1-2 visits over 1 week Post-surgical treatment (see body-part chapters): 18 visits over 12 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)**