

CASEREVIEW

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Notice of Independent Review Decision

[Date notice sent to all parties]: September 24, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

12 sessions of thoracic physical therapy

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

This physician is Board Certified in Physical Medicine and Rehabilitation with over 16 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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx. He twisted and tried to stand up and felt a stabbing feeling in his mid-back. According to the records, an MRI of the thoracic spine was completed in September 2013 and revealed 8 bulging discs T4-T12. Treatment has included 6 sessions of physical therapy and medications including Lyrica and Hydrocodone. On December 5, 2013 and February 6, 2014 he also underwent Epidural Steroid Injections for the thoracic spine.

On February 14, 2014, the claimant presented to PT for a physical therapy evaluation. Treatment plan included HEP LE and core strengthening, flexibility, ROM manual therapy and modalities PRN. Therapy was recommended 3 times a week for 4 weeks.

On February 27, 2014, the claimant presented to PT for his 6th physical therapy session. He reported 40-50% perceived improvement and stated he had less episodes and decreased frequency with pain. His squatting had improved and he was taking less medications. He was still limited with driving and sleep at night. Assessment: Patient demonstrates excellent gains noted with MMT with minimal limitations noted with ER still. Patient demonstrates good gains noted with pain control in regards to decrease quantity of meds. Patient still lacks WNL HS length per UPOC. Patient demonstrates good response with current POC, but gradual due to prolonged h/o sx's. Plan: Continue POC progressing patient as tolerated.

On March 13, 2014, the claimant underwent a Functional Abilities Evaluation. Based on the results, the claimant did not meet his reported job lifting requirements of > 100 pounds. He was self limiting with dynamic lifting due to c/o's severe thoracic discomfort. Effort and consistency were rated as good as indicated by the examinee's HR remaining consistent with a + pain response, as well as all COV's measuring <15%. Thoracic AROM: flexion-18, extension-10, L rotation-12, R rotation-11. Deficits were noted in thoracic AROM, dynamic lifting tolerance, positional tolerances, and complaints of severe thoracic discomfort with dynamic activity. The examinee would benefit from continued acute therapy with eventual progression into a WCP to address the above deficits, better prepare for full duty RTW, and decrease risk of reinjury.

On April 23, 2014, the claimant presented for a Designated Doctor Evaluation. Current pain level was described as a 6/10. Complaints included pins/needles, burning and weakness in the mid back. Pain was consistent in the thoracic spine which increased with activity. Medication and rest was indicated to decrease the pain. On physical examination, palpation of the spinal musculature revealed tenderness at the bilateral trapezius and scapulae, C7-T10 region. Cervical, thoracic and lumbar ROM was decreased with pain in the upper back. Motor and sensory testing was normal. MMI/Comments: Not at Maximum Medical Improvement. The examinee has muscle tightness and spasms with exam of thoracic and lumbar area; pain with decreased range of motion in cervical spine. The examinee was apparently improving dramatically (after the second epidural steroid injection) with physical therapy. Therapy was stopped before he had definite lasting improvement and based on the 05-16-2014 FCE has regressed in his condition. I would recommend that he be allowed to resume the therapy program given to him after the second epidural steroid injection and continue it for at least 2-3 months. If he doesn't make progress, then consider a third injection, followed by physical therapy for an extended time; 2-3 months.

On June 19, 2014, UR. Rationale for Denial: Based on the diagnosis and considering the very chronic nature of the condition and considering IW has already had adequate trial of similar PT without new hard clinical indications for need for extensive 12 additional sessions, according to ODG (neck and upper back) Treatment Guidelines, the request is not medically necessary.

On July 16, 2014, the claimant presented with a sharp aching sensation in his back between his shoulder blades which radiated around his lateral chest wall on

both sides. His pain level was a 7/10. It was reported he was originally referred for 12 sessions of physical therapy but only 6 sessions were approved. With the 6 sessions his pain was reduced by at least 50 %, but his pain returned to moderate/severe. Current medications included Norco. On physical examination there was 4+ tenderness in the thoracic spine.

On August 1, 2014, UR. Rationale for Denial: The official Disability Guidelines recommends 10-12 physical therapy visits over 8 weeks for the patient's diagnosis, thoracic/lumbosacral neuritis/radiculitis. The clinical documentation indicates that the patient previously underwent six physical therapy visits in February of this year. Since the patient already underwent six visits, and the Official Disability Guidelines recommends ten to twelve visits for the patient's diagnosis, an additional twelve visits are not medically necessary. There has been no documentation of a new injury or even of an exacerbation of the original injury to warrant twelve additional physical therapy visits.

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

Denial of 12 sessions of thoracic physical therapy is UPHELD/AGREED UPON. The claimant has already undergone 6 sessions of PT post ESI's for the diagnosis of radiculitis. ODG recommends of up to 10-12 visits over 8 weeks, therefore this current request of 12 sessions of PT, after already receiving 6 post-injection PT visits, is well in excess of that recommendation and time frame, as well as in excess of the ODG recommendation of up to 1-2 postinjection PT over 1 week. There is documentation of gains with PT, and instruction in, but question regarding compliance with a home exercise program. Furthermore, now chronic at post-injury and 6 months post the last basic PT visits, this case is well beyond gains from basic PT with necessity to now consider progression to more comprehensive functional rehabilitation.

PER ODG:

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](#), including assessment after a "six-visit clinical trial".

Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0):

9 visits over 8 weeks

Sprains and strains of neck (ICD9 847.0):

10 visits over 8 weeks

Displacement of cervical intervertebral disc (ICD9 722.0):

Medical treatment: 10 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks

Post-surgical treatment (fusion, after graft maturity): 24 visits over 16 weeks

Degeneration of cervical intervertebral disc (ICD9 722.4):

10-12 visits over 8 weeks

See 722.0 for post-surgical visits

Brachia neuritis or radiculitis NOS (ICD9 723.4):

12 visits over 10 weeks

See 722.0 for post-surgical visits

Post Laminectomy Syndrome (ICD9 722.8):

10 visits over 6 weeks

Fracture of vertebral column without spinal cord injury (ICD9 805):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 34 visits over 16 weeks

Fracture of vertebral column with spinal cord injury (ICD9 806):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 48 visits over 18 weeks

Work conditioning (See also [Procedure Summary](#) entry):

10 visits over 8 weeks

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)