

Vanguard MedReview, Inc.

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Notice of Independent Review Decision

March 27, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97110 Therapeutic Exercise, 97140 Manual therapy techniques; ea. 15 min,
97530 Therapeutic Activities 15 min totaling 8 sessions of physical therapy for the
cervical spine.

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

This reviewer is a Board Certified Physical Medicine and Rehab doctor 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 female who was involved in a motor vehicle accident on
xx/xx/xx. The rear of the vehicle was hit from behind while claimant sat, belted, in
the passenger side of the vehicle.

07/31/2014: Office Visit. **HPI:** Onset: 1 day ago. Location of pain is bilateral
posterior neck, bilateral scapula and bilateral chest. There is radiation of pain to
the right head and right clavicle. Pain is described as dull and stiffness. The
occurrence of the symptom include motor vehicle accident. Aggravating factors
include bending and hyperextension. Relieving factors tried include OTC
medications. Associated symptoms include decreased mobility, joint pain,
numbness, tenderness, and tingling. Pertinent negatives include bladder
dysfunction not spinal related, bladder incontinence, bladder retention, bowel
incontinence, bowel retention, difficulty sleeping, dysphagia, incoordination, loss

of balance and muscle spasm. **Physical Exam:** Normal **Assessment:** Cervical strain, acute (847.0) Trapezius muscle spasm (728.85) **Plan:** Naproxen 550 mg twice a day, Robaxin 500 mg QID pm, start w ½ tab, levothyroxine 75 mcg tablet qty: 90, naproxen sodium 550 mg tablet qty: 30, Robaxin 500 mg tab qty: 20, Tri-Luma 0.01%-4%-0.05% topical cream, Valacyclovir 500 mg tab qty: 90 refills, 3. Venlafaxine ER 37.5 mg cap qty: 30, refills 11.

08/08/2014: Office Visit. **HPI:** Pt presents for W/C F/U. stated pain varies throughout the day and has noticed an increase in H/A's. She is out of Robaxin and would like to talk about other treatment options like PT. Medications make her sleepy, including Naproxen. **Problem List:** Menopausal symptom-Onset 2/17/14, Migraine-Onset 2/17/14, Herpes simplex-Onset 2/17/14, Hypothyroidism-Onset 2/17/14, Adjustment disorder with depressed mood-Onset 2/17/14. **Physical Exam:** TTP R side neck, down through trapezius; not much improvement; stiff, ROM w pain. **Assessment/Plan:** Trapezius muscle spasm, PT, Evaluate and treat. Cervical strain, acute, refer to PT, stop naproxen, Voltaren gel Rx'd continue heat/ice. Follow up in 2 weeks.

08/19/2014: Initial Evaluation. **Subjective:** Pt was stopped with her head turned to the (R) when she was rear-ended. Her head went forward twice & her head hit the neck rest really hard. She hasn't had any diagnostic testing performed yet. **Objective:** C-Spine: Flexion-40°, Extension-30°, Right side bending 44°, Left sidebending-30 pain on (R) degrees, Right rotation-86°, Left rotation-60 tight on (R) neck & UT degrees. NEURO: C1,2 Neck Flexion 5-/5, C2, 3,4-Upper Trap WNL- 5/5, C5-Deltoid 5-/5 tightness on (R) neck/UT, C6-Bicep/Wrist Ext. WNL- 5/5, C7-Tricep-WNL- 5/5, C8-Thumb Extensions- 5-/5. **Assessment:** Evaluation has determined decrease in functional status for this patient. Subjective and objective measures are addressed by goals in the plan of care. Patient/family are involved in the development of these goals and are educated about current injury and treatment. Evaluation has found subjective and objective deficits that can be addressed by PT intervention in order to increase the functional status of this patient. Problems: Flexibility restricting normal movement patterns, decrease participation in recreational activities, segmental motion decreased. **Plan:** PT 2-3 times a week for 4-6 weeks.

08/25/2014: Office Visit. **HPI:** Neck pain, worsened. Bilateral head, bilateral posterior neck, bilateral shoulder and bilateral mid back. Pt describes the pain as throbbing and tingling. Aggravating factors include bending, driving, rotation and sitting. Associated symptoms include decreased mobility, difficulty sleeping, joint pain, muscle spasm, numbness, tenderness, tingling, weakness and headache. Some numbness and tingling of trapezius area near neck off and on for days, and awoke with bilat finger numbness this am. States pain is worse when sitting in one position for a long time. Has been on light duty at home and work. Driving is difficult due to pain with moving her neck. Ran out of Robaxin over a week ago. **Physical Exam:** Posterior neck paraspinus, trapezius muscle tension and tenderness R>L with little upper paraspinus thoracic tenderness and muscle tension, but no lumbar pain. BLE strength and ROM are normal.

08/28/2014: MRI C-Spine W/O Contrast. **Impression:** 1. Tiny central protrusion at the C5-C6 level causing no significant mass effect. 2. No evidence of canal stenosis or neural impingement.

12/12/2014: Discharge Note. **Subjective:** Additional PT visits were denied after first 9 treatments. **Plan:** Discharge pt since we no longer have any approved visits from WC.

02/02/2015: Initial Evaluation. **Subjective:** Pt reported 7/10 pain at left side neck, shoulder and numbness at lateral left foot. The pt also has numbness and tingling at small and ring fingers of left hand. Pt was in motor vehicle accident in July 2014 where she sustained whiplash injury. Looking down and raising her arms increases her pain. The pt commutes to and from Austin for work and this sustained posture is very difficult. Initial Eval Level Cervical Spine ROM: 45° Spine: Loss or ROM: Rotation to the left is limited to 30°, whereas the pt is able to rotate 45° to the right. Pain increases as the day progresses and muscles fatigue. **Plan:** PT twice weekly for 4 weeks.

02/06/2015: UR. **Rationale for Denial:** Based on the medical records submitted for review on the above referenced claimant, 08 sessions of PT, cervical is not recommended. Claimant has had 18 PT sessions approved in 07/2014. At this point, patient should be able to do active home exercises per ODG.

03/10/2015: UR. **Rationale for Denial:** The reviewer noted that the patient had 18 physical therapy sessions approved in 07/2014. Magnetic resonance imaging (MRI) of the cervical spine dated 08/28/14 showed tiny central protrusion at the C5-C6 level causing no significant mass effect. No evidence of canal stenosis or neural impingement. The evidence-based guidelines noted below will typically support up to 10 sessions of physical therapy over 8 weeks. Physical therapy is not supported for chronic neck pain. There are no barriers to home exercises noted. During the peer discussion, she had no additional objective information to add to the case. Therefore this request is not medically necessary.

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

Denial of 8 PT visits is UPHOLD/AGREED UPON since the request exceeds ODG recommended number of visits and timeframe for submitted diagnosis, and clinically after 9 PT visits, there is no documented progress in Cervical Range of Motion and there is no documentation regarding instruction in and compliance with a home exercise program. For these reasons, 97110 Therapeutic Exercise, 97140 Manual therapy techniques; ea. 15 min, 97530 Therapeutic Activities 15 min totaling 8 sessions of physical therapy for the cervical spine is not medically necessary at this time and should be denied.

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 4 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)**