

AccuReview

An Independent Review Organization
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Notice of Independent Review Decision

[Date notice sent to all parties]: July 30, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Continued physical therapy 2 x a week for 3 weeks (4 already approved) 97110 97112 97140 97150 97530 97535

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

The physician is Board Certified in Physical Medicine and Rehabilitation with over 14 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 sustained an injury on xx/xx/xx, described as while reorganizing and moving several boxes, bending over at the waist repetitively to lift several boxes off the floor, followed by twisting and lifting the boxes overhead to place them on shelves. The boxes had various weights ranging from 10-30 pounds. She felt mild discomfort in her lower back while performing these activities, but her lower back pain intensified over the following 2 weeks. As the lower back pain intensified, she also started having low back pain which radiated up to the top of her shoulders, as well as ultimately radiated down to bilateral lower extremities in a rather circumferential fashion, and involved the anterior and posterior thighs, as well as the calves. There was no numbness or weakness associated with it. The first report of injury was dated 01/06/15, noted that the claimant was shelving and twisting putting boxes up. She had waited approximately six weeks to go to seek medical care, hoping that it would go away.

01-12-15: Initial Evaluation. Claimant presented with 3-8/10 pain in lumbar region with radiating pain into bilateral LE and UE with twisting, sitting still, and transitional movements. DX: 724.2 Lumbago, 847.2 Sprain of lumbar. Subjective Examination: ADL/Functional Status: Premorbid status: independent without difficulty. Current status: modified independence: severe symptoms with modified duty. Occupation: food service manager. Mechanism of injury: repetitive lifting 11/21/14 with putting up supplies at work. Medications: simvastatin, HCTZ, omeprazole, Vitamin C, Tramadol, Meloxicam, Tylenol. Oswestry Disability Index: 62. Objective Examination: Functional tests: return to participation: occupational tests: maximal lifting/material handling: all levels, bilaterally 10 pounds. Joint integrity/mobility: L 05 – S01: right hypomobile/painful; L 04- L 05: right hypomobile/painful. Muscle testing:

thoracolumbar planes: left and right all resulted 4/5 for the following: extension, flexion, rotation, and side bending. Muscle testing: Lower extremity MMT: hip adduction: L -4/5, R +3/5; hip extension: L -4/5, R +3/5; hip flexion: L 4/5, R 4/5; knee extension: L +4/5, R +4/5; knee flexion: L -4/5, R -4/5; ankle dorsiflexion: L -5/5, R -5/5; ankle plantarflexion: L 5/5, R 5/5; toe extension, great: L 5/5, R 5/5. Posture: laterally: lumbar lordosis: increased. ROM: Spine Active lumbosacral: extension 50%, flexion 35%, side bending left 50%, side bending right 50%. Special Test: spine: lumbar: posterior quadrant: L & R pain lumbosacral area; SLR L & R hamstring tightness. Assessment: The claimant requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good. The expected length of this episode of skilled therapy services required to address the claimant's condition is estimated to be 4 weeks. Functional Limitations: Changing and maintaining body position: 60% to less than 80% impaired; Changing and maintain body position: 20% to less than 40% impaired. Presentation: Claimant demonstrated decreased lumbar AROM, joint mobility, trunk strength, and LE strength that limit sitting, lifting, pushing, and pulling at this time. Treatment will initially focus on symptom control and areas of hypomobility with progression of strengthening and stabilization activities as appropriate. She was given HEP today and will be progressed throughout treatment. Recommendations: Skilled intervention: required to: decrease pain, improve function, increase ROM, and increase strength. Plan: PT 2x wk x 2wks, then re-evaluate and progress as appropriate over the following 2-4 weeks.

02-05-15: Re-Evaluation dictated. Claimant presented with 3-8/10 pain in lumbar region with radiating pain into bilateral LE and UE with twisting, sitting still, and transitional movements. DX: 724.2 Lumbago, 847.2 Sprain of lumbar. Subjective Examination: ADL/Functional Status: Current status: modified independence: severe symptoms with modified duty. Medications: simvastatin, HCTZ, omeprazole, Vitamin C, Tramadol, Meloxicam, Tylenol. Oswestry Disability Index: 52. Objective Examination: Functional tests: return to participation: occupational tests: maximal lifting/material handling: all levels, bilaterally 10 pounds. Joint integrity/mobility: L 05 – S01: right hypomobile/painful; L 04- L 05: right hypomobile/painful. Muscle testing: thoracolumbar planes: left and right all resulted 4/5 for the following: extension, flexion, rotation, and side bending. Muscle testing: Lower extremity MMT: hip adduction: L -4/5, R +3/5; hip extension: L -4/5, R +3/5; hip flexion: L 4/5, R +4/5; knee extension: L +4/5, R +4/5; knee flexion: L +4/5, R 4/5; ankle dorsiflexion: L -5/5, R -5/5; ankle plantarflexion: L 5/5, R 5/5; toe extension, great: L 5/5, R 5/5. Posture: laterally: lumbar lordosis: increased. ROM: Spine Active lumbosacral: extension 50%, flexion 35%, side bending left 50%, side bending right 50%. Special Test: spine: lumbar: posterior quadrant: L & R pain lumbosacral area; SLR L & R hamstring tightness. Assessment: Functional Limitations: Changing and maintaining body position: 40% to less than 60% impaired; Changing and maintain body position: 20% to less than 40% impaired. Presentation: Claimant presented with some improvement in right LE strength and lumbar spine ROM. She continued to report moderate-severe pain at times, especially following prolonged walking. Recommend to continue treatment with emphasis on progression of lumbar stabilization exercises as tolerated, pending results of MRI. Recommendations: Skilled intervention: required to: decrease pain, improve function, increase ROM, increase strength, and return to premorbid state. Plan: Independent performance of HEP that addresses the problems and achieving the goals outlined in the POC. Recommend that the claimant attend rehabilitative therapy for 2 visits a week with an educational duration of 2 weeks.

03-16-15: Peer Review. An MRI was done on 2/16/15, which only revealed mild degenerative disc disease with "small minimally compressive central disc bulge and possible focal annular tear." There was no canal or foraminal stenosis and there was mild bilateral degenerative facet arthropathy. There were no findings of disc herniation or nerve root compression. On 2/20/15, re-read the MRI and diagnosed claimant with a bulging disc with myelopathy. His recommendation included referral to a pain doctor for evaluation for ESI. Q&A: 1. The extent to compensable injury is a lumbar spine sprain/strain – mild to mildly moderate. 2. In your opinion, are all of the listed diagnoses a result of work related injury? No, beginning with the MRI diagnosis by radiologist, of mild degenerative disc disease at L5/S1 with small, minimally compressive central disc bulge and possible focal annular tear, and no foraminal or canal stenosis, and only mild bilateral degenerative facet arthropathy. Additionally, the possible annular tear is a pre-existent condition, if it is present. 3. When do you anticipate the effects of the compensable injury should resolve? Based on the medical record review, including the MOI, supporting a mild lumbar sprain/strain, the effect of the compensable injury, within reasonable medical probability, resolved two months after the date of injury. The therapist after 6 sessions, released the claimant with a HEP and reported non-significant changes in therapy notes, which signifies that the therapist did not feel that further PT would be of any benefit to the claimant as they did not request

further sessions.

04-23-15: Designated Doctor Evaluation. Claimant has not reached MMI.

05-01-15: Office Visit: LBP. PE: Musculoskeletal: muscle strength: 4/5 bilat shoulder adductions; 3/5 bilat shoulder abductions; 3/5 bilat hip flexors; tender to palpation over bilateral deltoids. Palpation: lumbar L5-S1 spinous interspace pain, lumbar paraspinal muscle tenderness. Assessment: 724.2 low back pain, 847.2 low back strain, 278.00 generalized obesity. Plan: no change to work restrictions, PT referred for additional PT.

05-01-15: Request for Services. Requested PT 2x a week x 3 weeks.

05-11-15: Initial Evaluation. Claimant presented with 3/10 pain in bilateral lumbar spine. DX: 724.2 Lumbago. Subjective Examination: ADL/Functional Status: Premorbid status: full time/full duty. Current status: full time/light duty. Lacks appropriate HEP program. Oswestry Disability Index: 60%. Objective Examination: Functional tests: return to participation: non-material handling: unable to perform repetitive bending – stooping and repetitive squatting; sitting: able to perform pain/difficulty with sit to stand; standing: unable to stand from chair without UE support; push and pull increases pain. Joint integrity/mobility: hypomobile/painful. Muscle testing: Lower extremity MMT: hip flexion: L -4/5, R +3/5; knee extension: L -4/5, R -4/5; knee flexion: L 4/5, R 4/5; ankle dorsiflexion: L +4/5, R +4/5; ankle eversion: L 5/5, R 5/5; toe extension, great: L +4/5, R +4/5. ROM: Spine Active lumbosacral: extension 30%, flexion 25%, side bending left 50%, side bending right 50%. Assessment: The claimant requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good. Functional Limitations: Changing and maintaining body position: 60% to less than 80% impaired; Changing and maintain body position: 40% to less than 60% impaired. Presentation: Claimant demonstrated limited ROM in lumbar spine, weakness in bilateral LE and spinal stabilization, and functional limitations consistent with referring diagnosis. Treatment with emphasis on manual therapy, modalities as needed for pain control, and progressive lumbar stabilization exercises, including HEP. Recommendations: Skilled intervention: required to: decrease pain, improve function, increase ROM, increase strength, and return to premorbid state. Plan: Rehabilitative therapy 2x wk x 3wks. Modalities: cryotherapy, moist hot pack, TENS stimulation, and TENS placement/application.

05-19-15: UR. Reason for denial: The request exceeds the ODG guidelines and 3/16/15 peer review states further treatment would be outside guidelines, recommend approval without a clinical discussion with requesting physician due to office not returning call.

06-03-15: Designated Doctor Report and DWC. Based on the medical records, and other objective and subjective symptomatology, the claimant has not reached MMI at this time and does, therefore, not quantify for an impairment rating evaluation. The claimant has not been afforded reasonable, adequate opportunity of care for her compensable condition, based on the ODG recommended allowances, which are 10 sessions over 8 weeks. The medical records indicate that the claimant has completed 4 sessions of PT. She stated that the PT seems to help, but that the therapy sessions had to be performed sporadically because the PR has to pre-authorize more therapy after 1 or 2 sessions had been completed. Although PT notes did not reveal lumbar ROM measurements to see if any functional progress was made in nature, there was proof of positive functional outcomes as per improved Oswestry disability Index scores from 62% to 48%. The ODG PT allowances for the IE's compensable diagnosis is 10 visits over 8 weeks and she is below these allowances. It should be noted that there is a confounding factor of obesity in this case. Further PT as allowed by the ODG could potentially improve her functioning and additional material recovery can be anticipated at this time. Estimated MMI would be 8/26/15, which would allow adequate time for pre-authorization and treatment including PT per allowable ODG treatment durations.

06-17-15: UR. Reason for denial: The request for reconsideration for continued physical therapy 2 x a week for 3 weeks with therapeutic exercise, neuromuscular reeducation, manual therapy, group therapeutic procedures, therapeutic activities, self-care management is not medically necessary. Guidelines state that there should be no more than 4 modalities/procedure units in total per visit, allowing the physical therapy visit to focus on those treatments where there is evidence of functional improvement and limiting the total length of each physical therapy visit to 45-60

minutes unless additional circumstances exist requiring extended length of treatment. Based on the current guidelines, medical necessity cannot be established at this time as it exceeds the recommendation from ODG. I spoke with 0815 AM CST on 06/17/15. Per our discussion, he stated that he understands the denial (exceeds the recommendation from ODG). He agreed to resubmit for physical therapy using ceiling of 4 modalities. Current determination remains unchanged.

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

Denial of additional 6 PT visits, 2 times a week for 3 weeks, is UPHELD/AGREED UPON since the request exceeds ODG recommended time frame (8 weeks) for submitted diagnosis and exceeds ODG recommended number of procedural units per visit (up to 4), and clinically after 4 to 6 PT visits (based upon peer review and previous utilization reviews - with exact number not detailed with only 2 daily PT notes and 3 PT evaluations provided) initiated 1/12/15 and no significant improvement in lumbar range of motion or lower extremity strength over 4 months (re-evaluation 5/11/15) and question regarding instruction in and compliance with a home exercise program. Therefore, after reviewing the medical records and documentation provided, the request for Continued physical therapy 2 x a week for 3 weeks (4 already approved) 97110 97112 97140 97150 97530 97535 is denied.

Per ODG:

Physical therapy (PT)	<p>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, including assessment after a "six-visit clinical trial".</p> <p>Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks</p> <p>Sprains and strains of unspecified parts of back (ICD9 847): 10 visits over 5 weeks</p> <p>Sprains and strains of sacroiliac region (ICD9 846): Medical treatment: 10 visits over 8 weeks</p> <p>Lumbago; Backache, unspecified (ICD9 724.2; 724.5): 9 visits over 8 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)**