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DATE: 6/12/18

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Continuation of Physical Therapy, 8 Additional Visits

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

The reviewer specializes in Sports Medicine and Rehabilitation and has over 25 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]: XXXX: Notice of Disputed Issue and Refusal to Pay Benefits. XXXX was XXXX. As a result of the incident on XXXX, CRF on behalf of XXXX accepts that XXXX sustained a compensable injury limited to a left hip contusion a left shoulder contusion, a lumbar paravertebral myofascial sprain and a cervical paravertebral myofascial sprain. No other condition naturally resulted from or was affected the work incident on XXXX.

XXXX: Initial Physical Therapy Note. XXXX. Pt still with significant pain and noticeable weakness. Pt noticing some improvement in WB. Pain 10/10. Pain in Lt greater trochanter, HS, GU. Chronic pain x's 2 months. Increased nervous system reap to unarmful mvmts. NT- as AROM of all glute, hip flexor, HS, quad muscles yielded sig: fear avoidance and pain that did not correlate with imaging or objective finding. Ambulate with no gait alleviator.

XXXX: Physical Therapy Note. Pt stats improved gait and ability to freely do pumps without pain. Pt took pain pill prior to visit today as XXXX did not last visit. Hypersensitivity at quad, knee, R malleoli to light touch yielding labored breathing and tearful. Min- no knee flexion swing phase, FF contact with no AD, suggest 1-2 crutch to normalize gait pattern and offload LLE. Ext restriction -10degrees, hip FROM WNL. Pt able to perform SKCT supine. Pt with 2 episodes RLE Los/numbness following tearful episodes/visible trembling, this improved with repositioning into upright sitting. Suspect nervous system in high state of alert given significant trauma as pt experiencing abn/heightened sensitivity to non- harmful stimuli. Pt with S&S of complex regional pain syndrome. Spoke to to MA and discussed pt not a candidate for land PT at this time. Aquatics and ESI to be performed to control pain before return to land.

XXXX: Office Visit with XXXX. F/U for cervical radiculopathy on the cervical spine. Seen on XXXX at which time counseling cervical radiculitis was performed, XXXX was prescribed XX 5MG tab, XXXX was treated with PT rx. Pt is now here for further evaluation management. Pt reports: timing:

constant. Quality: sharp and aching. Modifying Factors: unchanged by treatment. That was unchanged by treatment. Signs and symptoms: weakness, radiating, stiffness, and gait. Pt followed treatment plan as directed. F/u for fracture, acetabulum, closed on the left hip joint. XXXX was seen on XXXX, at which time x-ray interpretation HIP was performed and order MRI was performed. Cervical Spine: Hoffman's test: negative on the right and positive on left. Pt declined C-spine ROM exam secondary to pain. C-spine Rom grossly limited and with pain. Right and Left shoulder ROM: grossly limited. Normal alignment of cervical spine.

XXXX: Physical Therapy Note. Pt pleased with cervical AROM rot and deg L N&T. R radiculopathy UE still present often. LLE now less hypersensitive but pt c/o cont. radicular pain and multiple hip, knee pain. Gait- antalgic with 1 crutch, stiff swing, FF contact stance. LLE 3/5. Tib ant 4/5. Gastric 2+/5. +slump= lumbar radiculopathy. L upslip pelvis. Pt dem dec frequency BLE radicular symptoms, however still sig easily provoked by <5 min PROM or LE elevation ulnar N/C6-7. Pt also with post thigh and buttock radiculopathy along with pelvic positional faults due to fxnl LLE compensations due to pain. CRPS symptoms still evident but pt with improved coping/ management pain.

XXXX: Office Visit with XXXX. F/U with continued radiculopathy with cervical, facial and lumbar numbness. Continues to have severe pain in neck and back. XXXX still needs cervical and lumbar ESI and PT. XXXX has been constantly delayed in receiving treatments and every request for treatment is met with peer to peer review. Pain is constant. Weakness, stiffness and radiating. Aching, constant and sharp. Pt followed treatment plan as directed. Some improvement with XX and PT. Pain is affecting XXXX ability to perform all ADLS. Hoffman test negative on right positive on left. Right and left shoulder Gross ROM. Right hip ROM: Flexion: 150 degrees. Extension: 0 degrees. Abduction: degrees. Adduction: 30 degrees. Internal Rotation: 45 degrees. External Rotation: 45 degrees. Pain with ROM in left hip. Lt hip stable in nature. Normal gait. 5/5 strength in upper extremities. Continues to have lumbar and cervical radiculopathy. Continues to c/o facial numbness, pain in occipital region, back and neck pain, dropping items, clumsiness, and ringing in ears. Will order EMG's. Order PT. pt has completed 10 PT sessions on left hip and 8 sessions on cervical spine.

XXXX: UR by XXXX. Rationale- the present time, for the described medical situation, ODG would not support a medical necessity for this request. As documented in the summary, past treatment has included access to treatment in the form of supervised rehabilitation services. The requested amount of treatment in the form of supervised rehabilitation services would exceed what would be supported per criteria set forth by the below- noted reference for the described medical situation.

XXXX: UR by XXXX. Rationale- Previous non-certification was due to lack of medical necessity. Additional records were not submitted for this review. The request exceeds guideline recommendations of nine physical therapy sessions. Claimant had 8 PT sessions for cervical spine and 10 for left hip. The more recent records do not note substantial deficits on physical examination to support exceeding guidelines. Non-certified.

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

The previous adverse decisions are Upheld. The request exceeds ODG recommended number of visits and time frame for submitted diagnoses. Also, after completion of 10 visits to the left hip and 8 visits to the cervical spine there is no objective evidence of gains in range of motion, strength, or function. There is no information regarding instruction in, or compliance with a home exercise program now in a chronic phase 7 months post injury. Therefore, the request for 8 additional physical therapy visits is considered not medically necessary.

PER ODG.....

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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)**