

Notice of Independent Review Decision

IRO REVIEWER REPORT TEMPLATE –WC

DATE OF REVIEW:

04/02/2007

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Sixteen physical therapy visits over four weeks.

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

Board Certified Orthopedic Surgeon

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 or not medical necessity exists for each of the health care services in dispute.

Sixteen physical therapy (PT) visits over four weeks is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 03/14/07
- MCMC: Referral dated 03/14/07
- Texas Department of Insurance: Notice to MCMC, LLC of Case Assignment dated 03/14/07
- Utilization: Letter dated 03/14/07 from RNC
- Fax Cover Sheet note dated 03/12/07
- Texas Department of Insurance: Confirmation of Receipt of a Request for a Review by an Independent Review Organization dated 03/12/07
- Letters dated 03/09/07, 02/27/07 from Managed Care
- Request for a Review by an Independent Review Organization dated 03/05/07
- Texas Department of Insurance: Notice of Re-Assignment dated 02/23/07 from Insurance Specialist
- Fax note dated 02/22/07 from Case Manager
- APRN: Orthopedic Clinic Note, Preliminary Report dated 02/21/07

- Hospital: Physicians Orders (handwritten) dated 02/21/07
- Undated Request for non-assignment of IRO

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual had rotator cuff repair. The injured individual had 100 degrees active motion and 160 degrees passive motion reported in physician progress note submitted. This indicates reduced strength. Additional PT was requested for sixteen visits of four weeks.

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

The request for sixteen PT visits over four weeks is denied based on the fact that the injured individual should be doing a strengthening program since he has less active motion and nearly full passive range of motion. The injured individual had 100 degrees active motion and 160 degrees passive motion. This indicates reduced strength. The request is not medically necessary as submitted in number of visits per week based on the submitted information.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION) ORTHOPEDIC KNOWLEDGE UPDATE SHOULDER/ELBOW