

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
**7502 GREENVILLE AVENUE**  
**SUITE 600**  
**DALLAS, TEXAS 75231**  
**(214) 750-6110**  
**FAX (214) 750-5825**  
**DATE OF REVIEW:** April 30, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

16 additional post operative physical therapy sessions

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

Diplomate, American Board of Orthopaedic Surgery

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Medical records from the Carrier include:

- Insurance Company, 03/21/07, 04/09/07, 04/23/07,
- Worker's Medical, PAC, 01/23/07, 01/30/07,
- Centre, M.D., 01/31/07,
- M.D., 03/06/04, 03/26/04,

Medical records from the Requestor include:

- M.D., 02/08/07, 03/06/07, 03/26/07

**PATIENT CLINICAL HISTORY:**

The initial record provided for review is dated February 8, 2007. The records indicate that the patient was climbing off of a bulk feeder when his foot slipped. He reached above his head to hold himself up and felt a pulling sensation in the shoulder. Anti-inflammatory medications were prescribed. Physical therapy was initially performed. The patient returned to his treating physician on March 6, 2007 doing slightly better. A subacromial injection was performed on that date. The injection really did not help. An MRI disclosed possible osteochondral defect, although the reviewing physician felt that the patient had a pectoralis strain. Further physical therapy was prescribed.

An MRI was performed on January 31, 2007, and did disclose a small osteochondral defect of the humeral head and a low-grade undersurface partial tear of the distal supraspinatus tendon.

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

After reviewing the records, as well as the appropriate ODG Guidelines, it is my opinion the sixteen additional sessions of physical therapy are not reasonable and necessary. The patient appears to have sustained a left shoulder strain, which is a partial-thickness tear of the supraspinatus tendon. He has had nine or ten physical therapy visits and has not improved. It is extremely unlikely that further physical therapy by itself is likely to improve his condition. The ODG Guidelines for a rotator cuff syndrome, which is not post-surgical, is ten visits over eight weeks. It appears that the patient has had this number of visits, and therefore, further physical therapy does not appear to be reasonable and necessary.

**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)**