



REVIEWER'S REPORT

DATE OF REVIEW: 4/11/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

4 weeks of physical therapy to the left shoulder, 2 times weekly (97110, 97150, 97032, 97140, and 97039)

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Chiropractor licensed in the state of Texas with special qualifications in pain management.

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW

1. Clinical report from October 6, 2006
2. URA reports from from February 16 through March 13, 2007
3. Office reports of DC February 12 & 13, 2007
4. X-ray report of DO, 9/22/2006

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This patient was injured on the job when she was stacking baskets with packages of buns and turned the dolly around to her side and all the baskets fell on her left and finger. She was diagnosed with a sprain of the left shoulder and was treated with physical medicine for multiple visits. There was no MRI performed and orthopedic testing that was

presented was consistent with the original diagnosis. While it is possible that there is an impingement, the treating doctor apparently did not believe it to be significant.

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

The treatment rendered to this patient has been appropriate to date, but it would be excessive and unnecessary to continue with physical medicine lacking any surgical invasion or discovery of a more serious pathology than originally considered. The patient should be, at this time, returned to a normal daily routine, based on the notes of the treating doctor. It is troubling that the patient had a positive Appley's test and impingement test, but the patient only had mild pain with these tests and that likely would not be considered positive enough to perform advanced testing. It is also impressive that the treating doctor has returned the patient to the workplace in a light duty capacity. From the looks of the data available, it would be advisable to increase the patient's workload to tolerance and monitor her condition for any worsening. However, there is no data in the file that indicates PT is necessary at this point in time and therefore the request is denied.

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

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)