

**DATE OF REVIEW:**

08/02/2007

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

Physical Therapy (PT) three times per week for four weeks for right shoulder (97110, 97140, 97112) beginning 04/03/2007.

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

Board Certified Chiropractor

**REVIEW OUTCOME**

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

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.

The medical necessity for the application of physical therapy, beginning 04/03/2007, CPT codes 97110, 97140 and 97112, three times per week for four weeks to the right shoulder is not established.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- MCMC Referral
- Fax from Texas Dept. of Insurance (dated 07-20-07)
- Texas Dept. of Insurance Confirmation of Receipt of a Request for a IRO (07-18-07) (6 pgs.)
- Letter from Dr. to Dr. – “Review Summary” (dated 07-17-2007)
- Letter from Dr. / to Dr. – “Notification of Determination” (dated 06-21-07)
- Notice to MCMC of Case Assignment from TX Dept. of Ins. (dated 07-20-2007)
- Initial Evaluation/Examination (dated 06-12-2007)
- Progress/Treatment Note (dated 05-31-2007)
- Progress/Treatment Note (dated 05-30-2007)
- Progress/Treatment Note (dated 05-29-2007)
- Progress/Treatment Note (dated 05-23-2007)
- Progress/Treatment Note (dated 04-06-2007)
- Progress/Treatment Note (dated 04-04-2007)
- Progress/Treatment Note (dated 04-02-2007)
- Progress/Treatment Note (dated 03-30-2007)
- Re-Evaluation/Re-Examination (dated 03-28-2007)
- Progress/Treatment Note (dated 03-28-2007)
- Progress/Treatment Note (dated 03-26-2007)
- Progress/Treatment Note (dated 03-23-2007)
- Progress/Treatment Note (dated 03-21-2007)
- Progress/Treatment Note (dated 03-19-2007)
- Progress/Treatment Note (dated 03-16-2007)

- Progress/Treatment Note (dated 03-14-2007)
- Progress/Treatment Note (dated 03-12-2007)
- Initial Evaluation/Examination (dated 03-07-2007)
- Progress/Treatment Note (dated 03-08-2007)
- Progress/Treatment Note (dated 03-07-2007)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Records indicate that the above captioned individual, a female, who was allegedly involved in an occupational incident that reportedly occurred on xx/xx/xx. The history reveals that she tripped and fell on her shoulder during the course of her normal employment. She was diagnosed with a shoulder sprain. It was later discovered that she was a candidate for rotator cuff release, which occurred on 02/08/2007. She presented for examination to the office of the attending physician (AP) on 03/07/2007 for a course of post-surgical therapy. Ranges of motion were reduced. A course of therapy is represented in the documentation. There is no follow-up examination represented in the documentation until 06/12/2007 at which time ranges of motion were minimally increased.

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

The documentation does not establish the medical necessity for the continuation of the course of post-surgical therapy captioned above. Specifically, the first month of post surgical therapy from 03/07/2007 through 04/02/2007 does not unequivocally demonstrate that objective and subjective progress was achieved. There are no interim examinations to establish that the initial course of post surgical care was resulting in therapeutic gain and to warrant ongoing participation in similar care. There are no quantified comparative subjective or objective findings and/or data to demonstrate therapeutic gain. Moreover, the requested course of care captioned above would exceed the recommendations of the Official Disability Guidelines for the occupational care and treatment of the post-surgical shoulder. According to the clinical notations, as of 04/03/2007, the injured individual had already participated in at least 13 sessions of formal post surgical therapy. The Official Disability Guidelines recommend 24 visits or less for the condition represented in the documentation.

As such, the medical necessity for the list of care captioned above beginning 04/03/2007 is not established.

**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**

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**