



Notice of Independent Review Decision

DATE OF REVIEW: 12/12/07

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The medical necessity of twelve additional physical therapy sessions.

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

Texas licensed chiropractor.

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)

The previously denied request for

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Notice to Inc. of Case Assignment dated 11/29/07.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization dated 11/28/07.
- Request for a Review by an Independent Review Organization dated 11/14/07.
- Correspondence/Utilization Review Request/ Letter dated 10/1/07.
- Request for Reconsideration of Adverse Determination dated 10/26/07.
- Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 11/29/07.
- Pre-Authorization Request dated 10/15/07.

- **S.A.O.P. Fee Slip dated 10/3/07, 10/1/07, 9/28/07, 9/26/07.**
- **Functional Capacity Evaluation Report dated 9/19/07.**
- **Electrodiagnostic Results dated 1/29/07.**
- **Right Shoulder MRI Final Report dated 1/25/07.**
- **Right Shoulder Ultrasound dated 12/27/06.**
- **Right Elbow Ultrasound dated 12/27/06.**
- **Right Elbow X-Ray dated 12/20/06.**
- **Right Shoulder X-Ray dated 12/20/06.**
- **List of Exercises (unspecified date).**
- **Articles (unspecified date).**

PATIENT CLINICAL HISTORY [SUMMARY]:

Age: xx

Gender: Male

Date of Injury: xx/xx/xx

Mechanism of Injury: While working as a , he was pulling hoses away from the truck and the hose hung up on the back of the track and popped the claimant's right shoulder.

Diagnosis: The provided diagnoses include post open right shoulder surgery (rotator cuff repair without date), right rotator cuff syndrome, lateral epicondylitis, muscle spasms, cervicobrachial syndrome, and non-industrial related obesity and diabetes.

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

This is a xx-year-old male who sustained a work related injury on xx/xx/xx while working as a when he was pulling hoses away from the truck and the hose hung up on the back of the track and popped the claimant's right shoulder. The provided diagnoses include post open right shoulder surgery (rotator cuff repair without date), right rotator cuff syndrome, lateral epicondylitis, muscle spasms, cervicobrachial syndrome. There is also non-industrial related obesity and diabetes. The provided previous non-certification determination letter (no date) which was addressed to the claimant and copied to, DC, with regard to twelve (12) additional physical therapy (PT) visits, summarized that the claimant underwent right open shoulder surgery and subsequently had received at minimum forty eight (48) post operative PT visits from this provider. The ODG, Treatment index, 5th edition only recommends up to thirty (30) PT visits for an open shoulder surgery. The request for reconsideration from Dr. was dated 10/26/07, and indicated a request for 12 chiropractic sessions. (This reviewer thinks he intended this to be PT sessions). The appeal letter dated 10/15/07 from Dr. indicated that the claimant continued to see the orthopedic surgeon, Dr., MD, and the pain management specialist Dr., MD. Dr. has requested a cervical ESI and 12 more PT visits. The claimant has lost 40 pounds. Dr. claimed that the delays in care have impaired progress. The stated goals of the additional PT is to "Increase strength of the shoulder, increase pain free range of motion, increased cervical range of motion , resolve cervical radiculopathy and neuropathy and return the patient to work." The diagnostic tests provided included an EMG/NCV study without an impression. There was a post arthrogram MRI of the right shoulder, dated 1/25/07, which identified a full thickness tear with some irregularity at

the anchor attachment of the biceps tendon. There was mild capsular hypertrophy of the acromioclavicular (AC) joint without evidence of impingement. The diagnostic ultrasound report of the right shoulder, dated 12/27/06, revealed subtle features of biceps tenosynovitis and tendonosis of the supraspinatus tendon. The diagnostic ultrasound of the right wrist on the same date was negative. The diagnostic ultrasound report of the right elbow on 12/27/06 was negative. The x-ray report of the right elbow on 12/20/06 was negative. The FCE report from, DC, dated 9/19/07 indicated positive orthopedic tests of the right shoulder to include Apley's and apprehension tests. Motor testing was 5/5 bilaterally with all dermatomes testing normal for sensation. The neck disability test was 42%. Dr. indicated that more PT should continue because the claimant had improved, albeit slowly. The summary notes at the end of each test indicated graphs which compare June 29, 2007 to September 18, 2007, indicated that this claimant has eight the same, slight improvement or gotten worse with regard to gripping and lifting measures. Daily treatment note from 9/26/07 gives a 4/10 pain scale rating with neck, elbow, hand numbness and claim of right arm loss of touch. Daily treatment note on 9/28/07 rates pain at 4/10 with pain from neck to the elbow down the right arm. The daily treatment note dated 10/3/07 indicates pain rated 4/10 with neck pain, stiff neck, elbow pain, weakness in right arm, headaches. The notes of 10/5/07 indicate 4/10 pain. The current request is to determine dispute resolution regarding previously denied 12 additional physical therapy visits for the post operative open right shoulder. The medical necessity for these additional 12 visits is not found within the provided information and reference to the Return To Work Guidelines (2007 Official Disability Guidelines, 12th edition) Integrated with Treatment Guidelines (ODG Treatment in Workers' Comp, 5th edition) web based version regarding shoulder and open surgical repair recommendations for PT. This claimant has received an excessive amount of post operative physical therapy for his right shoulder with at minimum forty (48) PT visits with this provider with records indicating a continued pain level of 4/10 as well as little or no progress noted in the notes with some worsening noted with regard to lifting and grip strength when FCE compares findings. The claimant has plateaued with this post operative rehab plan at this point. Additionally, there was no documentation provided which identified an attempt at returning this claimant to modified duty. Furthermore, the ODG clearly indicated that only "30 over 18 weeks" is appropriate for open rotator cuff syndrome surgical repair. This reference also indicates that "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT." The claimant should be proficient in home exercises by this time period and subsequent to the at minimum 48 post op PT visits and therefore, the additional 12 visits is non-certified and the reviewer's determination is to uphold the previous denial.

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.

X ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES. Return to Work Guidelines (2007 Official Disability Guidelines, 12th edition) Integrated with Treatment Guidelines (ODG Treatment in Workers' Comp, 5th edition) regarding shoulder and open surgical repair recommendations for PT.

<http://www.odg-twc.com/bp/840.htm#840>

<http://www.odg-twc.com/bp/726.htm#726.1>

<http://www.odg-twc.com/odgtwc/shoulder.htm#Physicaltherapy>

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.
