

DATE OF REVIEW: 2/27/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

physical therapy intervention for a total of 12 sessions of treatment:
97110, 97035, 97140, G0283

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

Licensed Physical Therapist

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)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical Records from Requestor, Respondent, and Treating Doctor (s), including: Medical Dispute Resolution letter by 1/16/07, DC, Utilization Review Findings report, Initial Evaluation by, DC 10/18/06 (Amended 11/27/06), medical documentation from, DO 6/8/06 through 7/5/07, MD 5/24/06 and 5/31/06, MD 9/27/06, MRI reports (9/19/06 and 10/11/06), and Notice of Denial of Compensability/Liability from.

PATIENT CLINICAL HISTORY [SUMMARY]:

was injured on while working for. He claims to have fallen after the hand rail came loose while walking downstairs. He injured his right shoulder, knee and foot. He has not returned to work secondary to the injury. He complains of pain with walking, standing, lifting, and cleaning activities.

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

After the initial injury on, was evaluated in a medical clinic by Dr. on 5/24/06. X-rays of the right shoulder and knee where negative and the patient's primary complaint was his right foot pain. He presented with full right shoulder range of motion and strength on 5/24 and 5/31/06. On 6/8/06, one week later, DO evaluated and reported right shoulder restrictions in range of motion and the inability of the patient to return to work "due to lumbosacral pain radiating down the right leg". On 9/27/06, Dr evaluated and did not find any evidence of traumatic significant injury. He stated that "this patient may have suffered soft tissue injuries and a mild contusion that would have passed within a short period of time. On 10/18/06, DC, evaluated and measured significant range of motion deficits for the right shoulder, knee, and ankle.

There are multiple inconsistencies of both subjective and objective findings from multiple disciplines of health care providers that evaluated and treated. In addition, DC, mentions that "Physical Therapy has been advantageous to the patient's condition", but he fails to provide documentation supporting that statement. Lack of documentation along with inconsistent findings has led the reviewer to conclude that physical therapy intervention is not medically 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)**
 - Journal of American Physical Therapy Association (JAPTA), Guide to Physical Therapist Practice
 - Textbooks and coursework material attained from the University of St Augustine for Health Sciences, School of Physical Therapy
 - Guidelines of practice issued by the Executive Council of Physical Therapy and Occupational Therapy Examiners