



IMED, INC.

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IRO REVIEWER REPORT

DATE OF REVIEW: 07/09/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Postsurgical physical therapy three times a week for four weeks for an additional twelve sessions.

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

Texas License and currently on TDI DWC ADL.
Diplomate of the Review Physicians
Diplomate of the Pain Management
Certified by the Evaluating Physicians
Fellow of the Society

REVIEW OUTCOME:

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Operative report.
2. 01/08/07 – Independent Medical Evaluation report.
3. 02/16/07 – Required Medical Evaluation dispute letter.
4. 03/16/07 – Preauthorization request for aquatic therapy.
5. 03/16/07 – Letter of medical necessity for aquatic therapy.
6. 03/16/07 – Aquatic therapy form letter medical necessity.
7. 03/16/07 – Follow-up report.
8. 03/22/07 – Letter of necessity for repeat land-based therapy.
9. 03/22/07 – Preauthorization request for land-based exercises.
10. 03/23/07 – IntraCorp denial for therapy.
11. 03/28/07 – Letter of necessity for land-based exercises.
12. 03/28/07 –preauthorization denial.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

It appears that the employee sustained an occupational injury. At that time, the employee reported that he slipped and fell on an extended arm. No fracture or dislocation was reported, but the employee did have some preexisting degenerative changes which were aggravated.

The employee underwent conservative management which included multiple steroid injections into the shoulder region.

The employee underwent a Designated Doctor Evaluation, and the physician placed him at Maximum Medical Improvement (MMI) with a whole person impairment rating of 0%. It was later noted by the employee's current treating chiropractor that the employee's pain level had increased from an intermittent 2/10 up to a constant 4/10.

The employee did eventually undergo a surgical procedure. This procedure involved a torn right rotator supraspinatus tendon, along with a torn right acromioclavicular meniscus and impingement of the right shoulder.

The employee later began treating with Dr., a chiropractor, who initiated twelve visits of postoperative physical therapy.

On 03/16/07, the claimant continued to have a pain level of 5/10, and his examination revealed decreased range of motion at 165 degrees of flexion, 35 degrees of extension, 135 degrees of adduction, 32 degrees of abduction, 65 degrees of external rotation, and 45 degrees of internal rotation. Strength was near normal at 84 pounds on the right and 87 pounds on the left for this right hand dominant employee. Additionally, there were no sensory or neurologic deficits noted.

It appears that Dr. had recommended that the claimant go from a land-based physical therapy protocol to an aquatic therapy protocol, and this was apparently denied under preauthorization. Without any additional explanation, Dr. then submitted a request for twelve additional sessions of land-based therapy. Oddly enough, the rationale for ordering the aquatic therapy included "patients that are having difficulty performing land-based exercise due to their weight or conditions". Dr. later went on to indicate in his letter of medical necessity for land-based therapy that the previous twelve sessions of land-based physical therapy resulted in impressive results.

Nevertheless, this repeat request for land-based therapy was also denied.

It appears that one additional piece of information included a Required Medical Evaluation (RME) performed by M.D. This evaluation was performed and at that time the physician suggested that the employee's current condition was not related to any work related accident. In fact, it was Dr. opinion that impingement syndrome is an ordinary disease of life, and in his opinion, was not necessarily related to the occupational incident. However, Dr. did suggest that since the employee was postoperative that he did require at least six weeks of passive motion therapy followed by additional weeks of active range of motion exercises.

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

Official Disability Guidelines last updated in July, 2007 do indicate that postsurgical treatment of a rotator cuff syndrome could involve up to twenty-four visits of physical therapy over a fourteen week period. However, the *Official Disability Guidelines* regarding physical therapy also indicate 1) “as time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading treatment frequency; 2) the exclusive use of passive care is not recommended; 3) home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; 4) use of self-directed home therapy will facilitate the fading of treatment frequency from several visits per week after the initiation of therapy to much less toward the end; 5) the patient should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction; 6) when treatment duration and number of visits exceeds the guidelines, exceptional factors should be noted.”

In these records, there is no indication of a home-based program. Additionally, there is apparently no attempt by the treating chiropractor to begin tapering the frequency of physical therapy visits.

Based upon the information in these records, it does not appear that there is any medical necessity for the ongoing use of supervised land-based physical therapy with regard to this employee’s postoperative treatment plan. The *Official Disability Guidelines* have not been met with regard to physical therapy protocols, and there were no documented extenuating circumstances. In fact, the employee’s range of motion has only been documented once in these records provided for review, and there was no comparison study to the employee’s unaffected limb. At this point, the range of motion is functional, and there were no documented reasons to suggest the need for ongoing supervised physical therapy.

If the decision is contrary to: (1) the DWC’s policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

A. *Official Disability Guidelines*