



Specialty Independent Review Organization

DATE OF REVIEW: 7/18/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under dispute include the following: G0283, 98940, 97110, 97035 and 98941 from 01/09/07 through 1/25/07.

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

The reviewer is a Doctor of Chiropractic who has greater than 10 years of experience in this field.

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 reviewer agrees with the previous adverse determination regarding codes 98940 and 98941 on all dates of service under review.

The reviewer disagrees with the previous adverse determination regarding all remaining codes on all remaining dates of service under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the carrier, Dr., Clinic, G MRI and from Dr.. The records consisted of between three and four inches of records. Due to this volume, the basic records are listed below: Medical Dispute Resolution paperwork

Numerous EOB's

Multiple TWCC/DWC forms

Letters from Chiropractic /

Dispute paperwork from Insurance

UR findings December 27, 2006 authorizing pt 3x4 for 1 passive modality: ultrasound, and therapeutic exercises

Reports from Dr. (on 12-11-2006 recommends pt)

Records from Chiropractic
Operative Hospital
Cervical Spine radiographic report (fusion c-spine)
Multiple Forte UR findings and review
Review from Dr.
Review from Dr.
Multiple FCE's
Report from Dr.
Reports from Dr.
Report from Dr.
Medical notes and records
Records from Hospital
Report from Dr.
Center plain films and MRI of right shoulder and cervical
Hospital reports
reviews
MES Solutions reviews
Designated Doctor report (MMI on 9-21-2006 with 10% IR)
Report from Dr.

PATIENT CLINICAL HISTORY [SUMMARY]:

The records received and reviewed indicated that the injured employee was working as a housekeeper when she was injured. She was attempting to pick up a bag of linen to put in a hamper and tossed the bag of linen over her shoulder when she felt a pull on the neck and right shoulder. For the purposes of this review, the patient is under the care of treating doctor DC where she was initially evaluated. The initial diagnosis was to the injured employee's cervical, thoracic, and right shoulder areas. The injured employee underwent MRI to the right shoulder and cervical regions. The shoulder MRI demonstrated tendinosis, edema, bursitis, and a lesion to the labrum. The cervical MRI revealed herniations at C4-C6. She was referred to a neurosurgeon who recommended surgery to cervical region, which was performed on 4-12-2006. The patient subsequently participated in a chiropractic and physical therapy regime. The patient was later evaluated by an orthopedic doctor on 6-27-2006 who recommended therapy to the shoulder. Later the patient underwent surgery to the right shoulder on 11-7-2006. The care in dispute is subsequent to the right shoulder surgery.

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

The basis for the determination is based upon the Medical Disability Advisor, the Official Disability Guidelines, and Evidence Based Medicine Guidelines. The Medicare guidelines and payment policies were also utilized in the decision making process of this review as well as the AMA CPT Code Book. The use of 98940 and 98941 for the dates under review exceeds the normative data and guidelines for a patient approximately one year past date of injury. In addition, use of CMT for a post-surgical patient that underwent a recent cervical fusion would be a contraindication. In regards to the use of 97035, G0283, and 97110,

the ODG allows for post-surgical treatment of the shoulder at 24 visits over 14 weeks, which would allow for the post-surgical rehabilitation of the patient. Given the shoulder surgeon recommended post-surgical rehabilitation on or about 12-11-2006; the 97035, G0283, and 97110 would be necessary for the dates under review.

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)**