

IRO Express Inc.

An Independent Review Organization

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DATE OF REVIEW:

6-12-2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

18 sessions of Physical Therapy to the left shoulder

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

Doctor of Chiropractic

- AADEP Certified
- Whole Person Certified
- TWCC ADL Doctor
- Certified Electrodiagnostic Practitioner
- Member of the American of Clinical Neurophysiology
- Clinical practice 10+ years in Chiropractic WC WH Therapy

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

Request IRO form, IRO request and forms, peer authorization review 5-01-2007 and 5-10-2007, request form dated 5-17-2007, Notice of IRO, TDI letter 5-29-

2007, initial determination, Pre-authorization 12-pages 4-24-2007, Physician determination 5-04-2007, Pre-authorization 13-pages 5-01-2007, Exercise Log associated dates 71+ pages and Problem Hx and Exams associated dates, Examination 1-06-2006 Dr. Work conditioning daily notes for associated DOS

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was injured in an occupational injury to her left shoulder, left knee, neck, and back. The injured employee works as a custodial worker, she was moving a trash bin on wheels when it got caught and flipped over causing the claimant to fall. MRI of the left shoulder and left knee were performed. MRI of the left knee revealed degenerative changes. MRI of the left shoulder revealed bursitis and spur formation. The claimant was seen by Dr who performed an injection to the shoulder. The injured claimant apparently underwent arthroscopic surgery x2 with the latest being on 6-29-2006 and underwent 20 sessions of post operative therapy.

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

The injured employee underwent arthroscopic surgery x2 with the latest being on 6-29-2006 and has completed post-operative therapy 20 sessions. Pre-authorization was submitted for 18 sessions at 3x per week for 6 weeks. There was no FCE, strength deficits, job performance documentation, dynamic or static testing performed. The request is not supported by the guideline with the current documentation reviewed. ODG guidelines recommend post surgical treatment for 20 sessions over 10 weeks, which has been completed.

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)