

October 12 2007

DATE OF REVIEW: 10/10/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy twice weekly for three weeks for shoulder, hand, elbow, and wrist.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., duly licensed physician in the State of Texas, fellowship-trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, DWC Approved Doctor List Level II, practicing Pain Management for over 20 years

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment.
2. Carrier's letters of denial 08/29 & 09/13/2007 and review criteria ODG, 4th Edition and ACOEM Guidelines.
3. Pre-authorization requests 08/24 & 09/05/2007
4. Physical therapy evaluation 08/22/2007
5. History and physical exam 08/22/2007

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant was injured on xx/xx/xx when an iron pole fell on him, causing him to fall onto his right shoulder, arm, and hand. No information prior to the evaluation on 08/22/07 was provided for the over one year of time between the work injury and the 08/22/07 evaluation. In that evaluation, it was noted that the claimant had apparently undergone an MRI scan of the right shoulder. That MRI report was not available to this reviewer. The physician stated that MRI scan showed evidence of a "possible rotator cuff tear" as well as "some tendinosis and some degeneration of the acromioclavicular joint, which was not compensable." He noted the claimant's complaint of neck pain, right arm pain, right shoulder pain, low back pain, bilateral foot pain, and numbness and tingling in the neck going down the right arm. He noted the claimant was not taking any

medication. Physical examination documented nonspecific spasm and tenderness in the neck as well as nonspecified decreased range of motion in all planes of motion of the neck. Nonspecific decreased reflexes of the neck as well as nonspecific numbness, tingling, and dysesthesia of the right hand were noted. The physical examination demonstrated “internal derangement of the right wrist” with decreased range of motion and swelling of the carpal joints as well as decreased range of motion in all planes of the right shoulder. The patient was diagnosed with cervical displaced discs at multiple levels, right cervical radiculopathy, internal derangement to the right shoulder and right wrist, low back pain, and bilateral leg pain. The physician indicated he planned to obtain the claimant’s previous records and referred him for physical therapy. He also indicated that he would order MRI scans of the cervical spine and right wrist and EMG/NCV studies of the right upper extremity.

The claimant was evaluated for physical therapy by on 08/22/07. She recommended that the claimant attend physical therapy two times a week for three weeks. Her examination was not significantly different than that of 8/22/07, except she documented decreased pinprick sensation in the right C5, C6, C7, and T1 dermatomes as well as point-specific pain in the right fourth finger and in the palmar crease of the right wrist.

Two different physician advisers reviewed the request for physical therapy. The initial adviser on 08/29/07 recommended non-authorization. After appeal for reconsideration, a second adviser on 09/13/07 also recommended non-authorization.

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

The physical examination documents primarily nonspecific findings, which do not point to any focal or specific diagnosis. The physician’s diagnoses are not supported either by physical examination or objective studies. Specifically, there is no documentation of cervical disc displacement at multiple levels or of cervical radiculopathy. There is also no documentation of evidence of internal derangement of the right wrist. The only pathology involving this claimant’s injury is a “possible rotator cuff tear.”

Additionally, chronic degenerative conditions of tendinosis and acromioclavicular joint degeneration, which were documented as non-compensable, were said to be present on the MRI scan.

This claimant injured himself over twelve months ago. Per ODG Guidelines, physical therapy would not be appropriate this remote from the alleged injury, especially absent any objective evidence of pathology, damage, or injury to the neck or right wrist. ODG does not support physical therapy over one year following an alleged sprain/strain injury such as this. Therefore, the prior recommendation for non-authorization of the requested physical therapy two times per week for three weeks for the right shoulder, hand, elbow, and wrist is upheld. The requested treatment is not medically reasonable or necessary at this time in this case.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THIS 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 judgment, 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 national accepted medical literature (provide a description).
 - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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