



Specialty Independent Review Organization

DATE OF REVIEW: 10/2/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under dispute include therapeutic exercises (97110).

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

The reviewer is a licensed Doctor of Chiropractic with 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 for all services under dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: the treating doctor (DC) and from the carrier.

These records consist of the following: From the requestor: FCE of 7/24/07, daily notes/physical exams from 7/5/07 to 9/10/07, diagnosis sheets through 9/10/07, treatment plans from 8/6/07 through 9/10/07, various DWC 73 forms, SOAP notes from 7/16/07 to 7/27/07, 8/17/07 letter of referral, lumbar MRI of 7/30/07, left elbow MRI of 7/30/07, right elbow MRI of 7/30/07, left shoulder MRI of 7/30/07 and a right shoulder MRI of 7/30/07.

From the carrier/URA: (in addition to any previously mentioned records): 9/13/07 letter from, 8/22/07 denial letter, 9/5/07 denial letter, 8/17/07 treatment order, 9/13/07 IRO summary, E1, request for leave of absence and 8/21/07 office note from, MD.

The ODG Guidelines were not received from the Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

The above-mentioned person was injured on the job on xx/xx/xx while trying to save a baby from a 'runaway' shopping cart-pushing device. He noted that he injured his back, elbow, shoulder, wrist and leg/groin in the incident. He is employed as a with.

His treatment has consisted of conservative care. He has had an MRI of all areas of injury. The results were as follows: lumbar L5/S1 protrusion, neuro-foraminal stenosis secondary to decreased pedicular height, left and right elbow medial epicondylitis, left shoulder superior labral tear, supraspinatus tendinosis with partial thickness tear, AC arthropathy and bursitis and subdeltoid bursitis; right shoulder supraspinatus tendinosis and intrasubstance tear, posterior superior and inferior labral tears with suprascapular nerve impingement, AC arthropathy and subacromial bursitis, and anterior labral marrow edema.

The FCE of 7/24/07 noted a work status of light to medium. His job is a light duty position according to the treating doctor's notes. The initial examination notes indicate reduced ROM of all areas of injury with minor positive orthopedic testing.

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

The reviewer notes that there has not been any documented improvement in ROM or strength since the beginning of treatment with this patient. The examination of xx/xx/xx virtually matches the examination of 9/10/07 without ROM or strength improvements. In order to document the medical necessity of continued active rehabilitation, this patient must improve in some tangible way during the care. This gentleman appears to have significant shoulder injuries; therefore, the reviewer notes that care should not be abandoned. However, continuing the same care that has not worked in the past cannot be supported based upon the provided documentation.

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)