

IRO Express Inc.

An Independent Review Organization

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DATE OF REVIEW: 9-30-2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy 3x a week x 4 weeks—12 sessions

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

Chiropractor

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)

The reviewer partially agrees with the determination of the insurance company that 6 sessions of physical therapy are recommend as medically necessary out of the original 12 sessions requested.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Denial letter 8/29/07, IRO information 9/20/07, Daily Patient's Record assorted dates, letter to IRO 9/19/07, MRI Lt. Shoulder report 3/9/07, Report Dr. 5/31/07, Letter to Ins carrier 5/31/07, 7/10/07, 8/28/07, and 8/28/07, Report Dr. 8/21/07, Notice of Adverse Finding 8/28/07, 8/29/07. ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee reported an occupational injury on xx/xx/xx. The injured employee eventually underwent left shoulder rotator cuff repair on 4-26-2007 for left rotator cuff tear, Type II slap tear, Grade III chondral flap, and subacromial bursitis. Records appear to indicate that the injured employee underwent a formal post-op therapy program from 6-06-2007 to 7-06-2007 and an additional course from 7-16-2007 to 8-10-2007. On 8-28-2007, an additional 12 sessions are being recommended.

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

The injured employee injured the left shoulder in an occupational injury on xx/xx/xx and eventually underwent surgery on 4-26-2007. The injured employee has completed several sessions of post-operative therapy from 6-06-2007 through 8-10-2007. The ODG recommends 24 sessions of therapy for rotator cuff repair. However, the injured employee also underwent an arthroscopic bicep tenodesis, Chondroplasty of the Grade III flap of the humeral head, and soft tissue subacromial decompression. The treating physician is concerned that the injured employee will not be compliant with a home exercise program (HEP). Peer review physician Dr. stated that he would recommend 6 sessions of therapy to instruct the injured employee in a proper HEP. The Reviewer agrees that 6 sessions of physical therapy with proper instruction in a HEP is necessary to prevent re-injury and ongoing medical care. Therefore, in view of the extensive shoulder operation additional PT care would in all medical probability be considered as reasonable and medically necessary.

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)