

IRO NOTICE OF DECISION - WC
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Notice of Independent Review Decision

DATE OF REVIEW: 09-19-07

IRO CASE #:
DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 Additional sessions physical therapy

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

Certified by The American Board of Orthopedic Surgery

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)

Injury Date	Claim #	Review Type	ICD-9 DSMV	HCPCS, CPT, NDC Codes	Service Units	Upheld/Overturn
		Prospective	831.0	97710	12	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Review Determination Report Dated 06-26-07 & 07-18-07
Workers Compensation Patient Information Sheet
Physical Therapy Progress Note 06-20-07
Physician prescription for physical therapy 06-20-07
Medical Notes 05-14-07 & 07-09-07
ODG Guidelines not submitted

PATIENT CLINICAL HISTORY:

The medical records presented for review begin with a notation of a right shoulder dislocation. The initial physician visit noted that the original injury was treated in the emergency room and the patient was placed in a shoulder immobilizer. The neurovascularity was intact and physical therapy was started.

Within three weeks, shoulder forward flexion was 90⁰ and at abduction was 100⁰. Physical therapy continued with increasing range of motion. An additional twelve sessions of the physical therapy were requested and this was not certified.

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

The physical therapy notes did not support the additional need for physical therapy. There was no discussion as to why a home-based program would not be warranted. The Official Disability Guidelines (ODG) clearly note that the current literature supports physical therapy in terms of 12 sessions over 12 weeks. In this case, there were 12 sessions in 14 days. This appears to be overly aggressive. Further, the primary treating physician did not provide evidence-based explanation as to why this additional physical therapy was warranted.

Lumetra's Physician Reviewer has no known conflicts of interest in this case, pursuant to the Insurance Code chapter 4201, Labor Code § 413.032, and § 12.203 of the Texas Administrative Code title 28.

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**

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- 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)**