

Notice of Independent Review Decision

DATE OF REVIEW: 4/22/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy, 9 sessions, to include 97110, 97124, 97140, G0283, 97035, 97010, 97018, and 99070

QUALIFICATIONS OF THE REVIEWER:

This reviewer completed his undergraduate degree at Union College before obtaining his Doctor of Medicine from Albert Einstein College of Medicine. He completed a residency in orthopedic surgery and is certified by the American Board of Orthopedic Surgery. He is a clinical instructor at the University of Pittsburgh Medical Center.

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)

Physical therapy, 9 sessions, to include 97110, 97124, 97140, G0283, 97035, 97010, 97018, and 99070 Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Independent review organization dated 04/03/2008
2. Request for a review dated 03/28/2008
3. Clinical note dated 03/12/2008
4. Clinical note dated 03/20/2008
5. Reviews of case assignment dated 04/04/2008
6. Clinical note dated unknown
7. Clinical note dated 04/08/2008
8. Independent review organization dated 04/04/2008
9. Clinical note dated 03/12/2008
10. Clinical note dated 03/20/2008
11. Appeal denial letter dated 03/20/2008
12. Clinical note dated 01/16/2008
13. Clinical note by MD dated 01/16/2008
14. Prescription note dated 12/25/2007
15. Clinical note by MD dated 12/28/2007
16. Clinical note dated 1/14/2008
17. MRI of the right shoulder by MD dated 12/12/2007
18. Worker's comp information dated unknown.
19. Clinical note dated 01/16/2008
20. Clinical note by MD dated 01/16/2008
21. Prescription note dated 12/28/2007
22. Clinical note by MD dated 12/28/2007
23. Clinical note dated 01/14/2008
24. MRI of right shoulder by MD dated 12/12/2007
25. Worker's comp information dated unknown.
26. Clinical note dated 03/12/2008
27. Clinical note by MD dated 02/11/2008
28. Worker comp information dated unknown.
29. Clinical note dated unknown.
30. Clinical note dated 02/27/2008

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31. Clinical note dated 02/27/2008
32. Clinical note by MD dated 11/29/2007
33. MRI of right shoulder by MD dated 12/12/2007
34. Clinical note by MD dated 02/22/2008
35. Prescription note dated 02/22/2008
36. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The employee is a female who suffered a partial thickness rotator cuff tear. She was working as a xx when she tried to lift a patient weight approximately 100 kilos. She has received conservative treatment including physical therapy with return of close to normal range of motion. It was noted that the injured employee is working light duty. The request for 9 additional physical therapy sessions to include 97110, 97124, 97140, G0283, 97035, 97010, 97018, 99070 are under review for medical necessity.

97110: Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

97124: Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)

97140: Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes

G0283: Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

97035: Application of a modality to one or more areas; ultrasound, each 15 minutes

97010: Application of a modality to one or more areas; hot or cold packs

97018: Application of a modality to one or more areas; paraffin bath

99070: Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)

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

There is no indication for additional physical therapy based on the information provided for review. This claimant injured her right shoulder and was diagnosed with right shoulder tendinosis of the supraspinatus tendon with partial thickness tear. She underwent 21 visits of therapy beginning 12/13/2007 with good progress and near normal motion as of 02/22/2008. The claimant had exceeded the recommended amount of therapy per ODG and there is no clear indication for ongoing supervised therapy. In light of the extent of completed therapy to date, it is unlikely that additional therapy would provide this claimant with any significant benefit. A home exercise program alone would achieve the same benefits in maintenance and improvement of strength and range of motion for her shoulder diagnosis.

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)

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- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)