



Notice of Independent Review Decision

**DATE OF REVIEW:** 4/14/08

**IRO CASE #:**

**NAME:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Determine the appropriateness of the previously denied request for occupational therapy.

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

Texas licensed Occupational Medicine Physician.

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The previously denied request for occupational therapy.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- Fax Cover Sheet dated 4/1/08.
- Letter dated 4/2/08.
- Notice of Assignment of Independent Review Organization dated 4/1/08.

- Notice to CompPartners, Inc. of Case Assignment dated 4/1/08.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 4/1/08.
- Request Form Request for a Review by an Independent Review Organization dated 3/27/08.
- Letter/Notice of Utilization Review Findings dated 3/27/08, 3/14/08.
- SOAP Note dated 3/14/08, 3/6/08, 3/5/08, 2/29/08, 2/28/08, 2/22/08, 2/21/08, 2/19/08, 2/15/08, 2/14/08, 2/12/08, 2/8/08, 2/7/08, 2/6/08, 1/31/08, 1/30/08, 1/29/08, 1/23/08, 1/21/08, 1/18/08.
- Re-Evaluation Report dated 2/26/08, 1/11/08.
- Employee's Report of Injury.
- Left Shoulder MRI dated 8/22/07.
- Left Shoulder X-Ray dated 10/15/07.
- Chest X-Ray dated 11/29/07.
- Emergency Physician Record.
- Adult Emergency Department Nursing Record.
- Vital Signs Record dated 8/7/08.
- Evaluation/Follow-Up Visit Report dated 2/5/08, 11/19/07, 10/19/07, 10/11/07, 10/8/07, 10/4/07, 9/25/07, 9/21/07, 8/10/07.
- Patient Abstract dated 10/15/07.
- Assessment Data dated 10/15/07.
- Emergency Department Patient Record dated 10/15/07.
- Patient Emergency Department Medical Data (General Information) dated 10/15/07.
- History and Physical Examination Report dated 11/19/07.
- Operative Report dated 11/29/07.

**No guidelines were provided by the URA for this referral.**

**PATIENT CLINICAL HISTORY (SUMMARY):**

**Age:**

**Gender:** Male

**Date of Injury:**

**Mechanism of Injury:** Assaulted by a patient.

**Diagnosis:** Recurrent left shoulder dislocation/Bankart lesion, Status post repair on 11/29/07

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

The claimant is a male who was involved in a work related injury. According to reports, the claimant, who worked at a psychiatric facility, was assaulted by a patient, at which time he sustained a dislocation of the left shoulder. The claimant was taken to the local hospital emergency room (ER), where the shoulder was reduced. However, the claimant again spontaneously dislocated the left shoulder twice more. He was placed in a shoulder immobilizer, with a diagnosis made of

"significantly unstable shoulder." The claimant was seen by orthopedist, Dr., who stated that the claimant's left humeral head was reduced in relation to the glenoid. An MRI was done on 8/22/07, confirming the dislocation with a Bankart lesion on the anterior inferior aspect of the glenoid. The claimant was treated with a course of occupational therapy, and initially did well, but the claimant had 2 further episodes of spontaneous dislocations, and Dr. decided that surgical intervention was necessary. The claimant was taken to surgery on 11/29/07, at which time, a left shoulder open Bankart repair with capsulorrhaphy was performed. The claimant did well and subsequent to the surgery, he was started in another course of occupational therapy, to work on strengthening and range of motion in the left shoulder. The claimant completed at least 24 post operative rehabilitation sessions to the left shoulder. Notes through 3/6/08 were reviewed. The claimant had subjective pain intensity complaint of "1/10," with increased shoulder joint range of motion and functionality. Notes from therapy indicated that the claimant was performing exercises. On 3/10/08, a request for 12 additional physical therapy sessions was made, to include therapeutic exercises and e-stim. The reviewer noted that the claimant had completed 24 post op therapy sessions, which was within the ODG recommendations. The reviewer did not see a reason why additional formal therapy was needed, and suggested that the claimant be transitioned to a home exercise program. The adverse determination was appealed. A second review was performed on 3/25/08. The reviewer noted that there was no documentation of range of motion or manual muscle testing to assess if any physical deficits were present. The second reviewer indicated that there was no objective data to support additional physical therapy at this time. The request has again been submitted. The reviewer did not have any new information to review. The reviewer had Occupational Therapy notes through 3/6/08, and like the two prior reviewers, note that the claimant had done well in therapy. He had little pain and greatly enhanced range of motion and functionality. The reviewer did not see any reason why this claimant is to be considered an outlier in need of additional, individualized occupational therapy. The claimant can perform home exercises to enhance strengthening and range of motion. There appears little risk of the development of adhesive capsulitis, as the claimant is freely engaging in his exercises with little to no pain. The ODG state, "*Dislocation of shoulder (ICD9 831): Medical treatment: 12 visits over 12 weeks Post-surgical treatment (Bankart): 24 visits over 14 weeks*" Therefore, the reviewer agrees with the 2 prior reviewers, and recommends an adverse determination of the request for 12 more occupational therapy sessions to the left shoulder.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
  - ODG Treatment Web Based Guidelines, 6th Edition, 2007 Integrated Treatment/Disability Duration Guidelines Shoulder (Acute & Chronic).
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).