

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** APRIL 22, 2008

**IRO CASE #:**

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

Medical necessity of proposed PT 3 X 4 weeks (97002, 97110, 97140, 97010, 97014, 97112)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

XX Partially Overturned (Agree in part/Disagree in part)

{Overturn the URA decision for partial approval of all the codes (97002, 97110, 97140, 97010, 97014, 97112) 3 x per week X 2 weeks}

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
719.41, 719.51	97002, 97110, 97140, 97010, 97014, 97112		Prosp	6					Upheld
719.41, 719.51	97002, 97110, 97140, 97010, 97014, 97112		Prosp	6					Overturned


**PATIENT CLINICAL HISTORY [SUMMARY]:**

This gentleman was injured on xx/xx/xxxx. He was pulling on something when he felt a pop in his shoulder and was diagnosed with shoulder impingement syndrome. He ultimately underwent a surgical arthroscopic decompression on 10/25/2007. He participated in 24 sessions of physical therapy with increased range of motion and increased strength. He returned to work on minimum duty but continued to have pain. It has now been requested for an additional 12 sessions of physical therapy to increase the range of motion and strength as per the physician's last note.

Services being denied: Medical necessity of proposed PT treatment billing codes 97002, 97110, 97140, 97010, 97014, and 97112 three times per week x 4 weeks. The code 97002 is reevaluation to assess physical therapy progress. The 97110 is therapeutic exercises to increase range of motion and strength. The 97140 is manual therapy mobilization and manipulation. The 97010 is cryotherapy. The 97014 is electrical stimulation.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

The ODG guidelines indicate that post surgical treatment, arthroscopic, is typically 24 visits over 14 weeks and post surgical treatment open is 30 visits over 18 weeks. Based on this gentleman's notes, he is still restricted and able to perform limited activities. I believe that he should be treated more like a post surgical open treatment because of the great expensive expended to get him the surgery he has had and to treat him thus far, I believe an additional 6 visit of physical therapy of all the codes quoted for therapy 3 x per week is reasonable and necessary and are within the scope of the ODG guidelines and therefore I would recommend this be approved.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN  
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES