



DATE OF REVIEW: 08/14/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical medicine including physical therapy in office.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C. with over 28 years of experience as a practicing clinician. I am a certified specialist in Sports Medicine, Peer Review, and Manipulation Under Anesthesia. I have served as a Designated Doctor for the Texas Workers' Compensation Commission.

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

Approximately 175 pages of documents reviewed supplied by the carrier, requestor, and utilization review agents. I will go into more detail as to what documents and how many pages were reviewed in a subsequent paragraph.

1. Approximately fifteen pages from Texas Department of Insurance requesting the review and subsequent documentation.
2. Approximately 81 pages of records from the carrier. The following documents were included: five pages of reports dated 06/17/08 from _ and ; one page from _ and s dated 06/13/08, approximately 34 pages of daily notes; nine pages of DWC-73 forms; one page of an x-ray report from dated 06/30/08; two pages of preauthorization review summary from _ dated 07/14/08; one page from , Dr. , dated 07/02/08; three pages from regarding ambulance services; one page of an insurance form from dated 04/28/08; one page of a report from , Dr. dated 05/19/08, one page of a referral note from Dr. to Dr. dated 05/19/08; three pages from dated 05/01/08 of the right clavicle and right shoulder; four pages from of initial assessment form dated 04/28/08; four pages from dated 04/28/08, which are for radiology services of the cervical spine, right shoulder, dorsal

spine, and chest; approximately nine pages of DWC-73, none of which appear to be duplicates, and approximately 34 pages of daily notes.

3. The requestor's records include approximately 36 pages including but not limited to the following: three pages from _ regarding preauthorization review summary dated 06/19/08; five pages of preauthorization determination dated 06/18/08; one page from preauthorization intake form dated 06/16/08; three pages dated 06/13/08; six pages from preauthorization review summary dated 06/14/08; five pages from preauthorization determination dated 06/14/08; three pages from evaluation dated 07/07/08; three pages from of reports from Dr. dated 07/02/08, 06/16/08, and 05/19/08; one page of an MRI scan report of the right shoulder dated 06/30/08; and one page of an evaluation and treatment script form from .

4. Approximately 36 pages from the utilization review agent were submitted, which included: two pages from dated 07/07/08, physical examination re-evaluation; two pages from dated 06/13/08 of a physical therapy re-evaluation; three pages from dated 06/05/08; two pages from dated 05/20/08 of initial evaluation; and approximately 29 pages of encounter notes.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This case involves a male who was xx years of age at the time of injury. He sustained the injury in a motor vehicle accident and was immediately transferred to emergency room. Subsequently, after being at the hospital he was seen by Dr. , who referred him to Dr. . Initial injury date was xx/xx/xx.

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

According to the records, the patient had completed twenty sessions of physical therapy from 05/30/08 to 07/09/08. Another prescription was issued by Dr. . However, the requested services exceed guidelines laid out by the ODG Guidelines for a diagnosis of a shoulder strain. According to the MRI scan dated 06/03/08, there is a supraspinatus and infraspinatus tendinopathy, however, no evidence of rotator cuff tear. There is also evidence of a suspected incomplete fracture of the distal clavicle.

According to the ODG, for a sprained shoulder with ICD-9 code 840, it is recommended that medical treatment of ten visits over eight weeks. For fracture of the clavicle with ICD-9 code 810, it is recommended eight visits over ten weeks.

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

(Check any of the following that were used in the course of your review.)

- _____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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)