

I-Resolutions Inc.

An Independent Review Organization

71 Court Street

Belfast, Maine 04915

(512) 782-4415 (phone)

(512) 233-5110 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 20, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Twelve (12) Additional Sessions of Physical Therapy to Bilateral Shoulders

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

MD, Board Certified Orthopedic Surgeon

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 reviewer finds that medical necessity does not exist for Twelve (12) Additional Sessions of Physical Therapy to Bilateral Shoulders.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 7/9/08, 7/29/09

ODG Guidelines and Treatment Guidelines, Physical Therapy

, MD, 2/11/08

, MD, 6/16/08

PT Intake, 3/26/08

Old Adverse Determination Letters, 3/28/08, 5/2/08, 6/5/08, 7/9/08

CORE, 11/2/07, 11/5/07, 11/9/07, 11/12/07, 11/14/07, 11/16/07, 11/19/07, 11/21/07, 11/26/07, 11/28/07, 11/30/07, 3/26/08, 3/28/08, 4/3/08, 4/4/08, 4/7/08, 4/9/08, 4/11/08,

4/14/08, 4/18/08, 4/21/08, 4/25/08, 5/5/08, 5/12/08, 5/14/08, 5/19/08, 5/23/08, 5/27/08, 5/29/08, 5/30/08, 6/2/08, 6/4/08, 6/6/08, 6/10/08, 6/11/08, 6/13/08, 6/16/08, 6/18/08, 6/20/08, 6/23/08, 6/25/08, 6/27/08, 7/1/08, 7/3/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx-year-old injured worker with a date of injury of xx/xx/xx. He was working in a stairway, welding. Apparently the stairwell gave way and collapsed, and he injured his shoulder and low back. He underwent arthroscopic acromioplasty and mini-open repair on 02/11/08. Based upon the medical records provided, he had 36 sessions of physical therapy. The last session was 07/01/08, having 3/10 pain and good range of motion, able to complete all exercises. Based on the notes of the physician who prescribed therapy, he has progressed extremely well. He had a very functional range of motion on his last exam. Indications for the additional twelve sessions to the shoulders have not been explained.

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

ODG Guidelines for physical therapy postsurgical treatment are 30 visits over eighteen weeks. This patient has already completed 36 visits, and there is no explanation provided in the records why an additional twelve visits are required. Based upon his examination both from the therapist and the physician, he has excellent range of motion and minimal deficit on examination. For this reason, the previous adverse determination has been upheld, and the medical necessity cannot be supported. The reviewer finds that medical necessity does not exist for Twelve (12) Additional Sessions of Physical Therapy to Bilateral Shoulders.

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