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Notice of Independent Review Decision

DATE OF REVIEW: JULY 1, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed occupational therapy 3X6 weeks (97110, 97530)

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 Occupational Medicine: American Board of Preventative Medicine, and is engaged in the practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
726.10	97110, 97530		Prosp	18					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-17 PAGES

Respondent records- a total of 63 pages of records received to include but not limited to:
Request for an IRO forms; SRS letters 5.15.08, 5.23.08; notes 3.13.08-4.29.08; MRI Rt Shoulder 2.19.07; C-IRO 5.6.08

Requestor records- a total of 21 pages of records received to include but not limited to: notes 7.25.06-4.29.08; MRI Rt Shoulder 2.19.07

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx year old lady who normally works as a . xx/xx/xx, she was apparently working at her normal employment when something happened. A clinical note, dated March 6, 2007, indicates she had a car hit her right shoulder when the patient was in a crossed position at work; all other clinical notes indicate she was working as a (). She was lifting a 24-pk of bottled water and, as she flipped the case, she felt a pop to the right shoulder. We know nothing of the subsequent history until December 19, 2006, when her chief complaint was pain in the right shoulder. Her diagnosis at that time was impingement syndrome, r/o rotator cuff tear. Some steroids/anesthetic was injected into the shoulder. (Multiple steroid/lidocaine injections to the right shoulder were administered on multiple subsequent visits, all by the same physician.) It appears no other physician had been consulted during the evolution of her therapy.

-The available clinical records are usually mute on symptoms (one note, dated March 6, 2007—initial physical therapy evaluation) indicated her pain level was 8:10; the same noted indicated she had problems opening objects; sensation intact; and the cortisone/lidocaine injections seemed to help. It also indicated ROM was normal, but right elbow and shoulder muscle strength was decreased (4/5). A note dated March 8, 2007, indicated the pain was 40% less, but patient still unable to do tasks such as sweeping or repetitive motion. A note dated xx/xx/xx, indicated the patient had steroid shots in December, February, and March, but she continued with pain.. Exam revealed weakness on abduction and external rotation; night pain. A 4th injection within 4 months was recommended. Another injection was administered on November 29, 2007. The diagnosis remained impingement syndrome. An occupational therapist evaluation, dated March 18, 2008, indicated: She complained of limited right shoulder movement, affecting her ADL activities; stiffness; inability to sleep due to pain; popping; loss of motion to affected extremity; loss of strength, pain level 8:10. The examination confirmed the decreased ROM. There also was tenderness, pain and radiating pain with palpation. There was pain in the AC joint, subacromial bursa, and supraspinatus; tenderness over elbow; numbness to the hand; positive Tinel's sign at the wrist. A therapeutic occupational therapy plan was elaborated. She was again seen by the same physician on April, 29, 2008. He had the results of the MRI and his diagnoses now were: impingement syndrome; partial tear of the rotator cuff; bursitis of right shoulder. Another injection was administered.

MRI of the right shoulder, dated February 18/19, 2007, indicated: moderate tendinosis of the supraspinatus tendon; mild tendinosis of the subscapularis and infraspinatus tendons; small partial-thickness tears of the bursal surface of supraspinatus tendon, near the rotator cuff; no full-thickness tear noted; acromion is flat, with moderate subacromial spur; small subacromial subdeltoid bursitis; tenosynovitis of the long head of the biceps tendon; mild AC joint osteoarthritis.

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/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

A careful review of the medical records seem to indicate physical/occupational therapy for the patient had never been approved: they are always waiting for it to be approved. Consequently,

we must come to the conclusion she has had no therapy to date. However, the number of visits (18) as requested is excessive. The ODGs provide for only ten sessions over 8 weeks, with fading.

Consequently, the request for physical therapy is denied: the URA denial is upheld.

The previous IRO reviewers gave an adequate summary of the ODG Guides re: physical therapy. I will comment on only a few other ODG observations:

-Physical therapy is generally recommended; use of a home pulley system for stretching and strengthening should be recommended..."For impingement syndrome, significant results were found in pain reduction and isodynamic strength....therapeutic exercise was the most widely studied form of physical intervention and demonstrated short-term and long-term effectiveness for decreasing pain and reducing functional loss....There is poor data from non-controlled open studies favoring conservative interventions for rotator cuff tears...."

-If one reviews steroid injections, the Guides indicate "Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes....For rotator cuff disease, corticosteroid injections may be superior to physical therapy interventions for short-term results, and a maximum of three are recommended....For adhesive capsulitis, injection of corticosteroid combined with a simple home exercise program is effective in improving shoulder pain and disability. Adding supervised physical therapy provides faster improvement in shoulder range of motion"

-Re: surgery for rotator cuff repair: "For partial-thickness rotator cuff tears and small full-thickness tears presently primarily as impingement, surgery is reserved for cases failing conservative therapy for three months. The preferred procedure is usually arthroscopic decompression.....Surgery is not indicated for patients with mild symptoms or those who haven no limitations of activities.....Surgical outcomes are much better in younger patients with a rotator cuff tear, than in older patients, who may be suffering from degenerative changes in the rotator cuff."

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
(*Official Disability Guidelines, (ODG), 2008, 6th ed.*)