



Notice of Independent Review Decision

DATE OF REVIEW: 12/11/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy 3x week x 4 weeks for the Left Shoulder

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

Board Certified in Physical Medicine & Rehabilitation

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.

Physical Therapy 3x week x 4 weeks for the Left Shoulder - UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Initial Consultation, M.D., 10/27/09
- Physical Assessment Evaluation and Treatment Plan, Dr., 10/28/09

- Prescription for MRI of Left Shoulder, Dr., 10/29/09
- Denial Letter, 11/04/09, 11/16/09
- Request for Reconsideration, Dr., 11/06/09, 11/19/09
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient was involved in a motor vehicle accident (MVA) when she was stopped at a red light and was rear-ended. She had complaints of constant achy pain in the left arm and left shoulder and upper back. She had numbness in the left arm and radiating pain from the left arm to the neck and mid back. She was treated with Naprelan 750 mg and Soma 350 ng.

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

The date of injury is listed as xx/xx/xx. A physician evaluation dated 10/27/09 did not document the presence of any neurological deficits referable to the left upper extremity. The claimant was diagnosed with a left shoulder injury.

The records available for review would not support a medical necessity for treatment in the form of supervised therapy services to the left shoulder. The records available for review would appear to indicate that any injury sustained to the left shoulder with respect to the injury of xx/xx/xx would be limited to that of a muscular strain/contusion. The date of injury is now over two years in age. Official Disability Guidelines would support an expectation that maximum benefit from any type of supervised rehabilitation services would have long ago been obtained. Consequently, per criteria set forth by Official Disability Guidelines, the submitted documentation does not support a medical necessity for treatment in the form of supervised rehabilitation services with respect to the left shoulder and the injury of xx/xx/xx.

The records available for review do not document that there were any significant findings on physical examination which would warrant a medical necessity for treatment in the form of supervised therapy services when an individual is this far removed from the onset of symptoms.

Therefore, submitted documentation would not support such a request to be of medical necessity for the described medical situation.

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 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**
- 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)**