

Clear Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/20/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Occupational Therapy (18 visits over 6 weeks)

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., board certified in Orthopedic Surgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Adverse Determination Letters, 12/22/08, 1/6/09

Peer Review Report, 12/20/08, 12/31/08

Law Office , 1/30/09

, 12/12/08, 12/10/08

Operative Report, 11/3/08

, MD, 1/16/09, 11/14/08, 11/7/08, 10/31/08, 10/21/08, 10/7/08, 9/4/08, 8/7/08, 7/25/08, 4/22/08

MRI Lumbar Spine, 12/8/08

Pathology Report, 11/3/08

Xray, Chest 1 View, 10/28/08

Labs, 10/28/08

MRI of Right Shoulder, 11/14/07

Xray, Lumbar Spine, 7/7/08

MRI Lumbar Spine, 12/7/07

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who underwent arthroscopic surgery on 11/03/08 after a work-related injury on xx/xx/xx. He had a right shoulder subacromial debridement and decompression with mini-open rotator cuff repair and greater tuberosity exostectomy. He has had currently twelve visits of postoperative therapy, and the request is for an additional eighteen.

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

Based upon the ODG Guidelines, postsurgical treatment for an arthroscopic repair would be twelve visits over fourteen weeks. Postsurgical treatment for open surgery would be 30 visits over eighteen weeks. While this procedure is described as mini-open, it is therefore essentially an open procedure, and, hence, a total of 30 visits can be justified for this particular postoperative care over a period of eighteen weeks. The patient has already had twelve; hence, an additional eighteen visits would be reasonable and medical necessary according to the ODG Guidelines. It is for this reason that the previous adverse determination has been overturned. The reviewer finds that medical necessity exists for Occupational Therapy (18 visits over 6 weeks).

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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