

DATE OF REVIEW: 05/07/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 sessions of physical therapy (97110-Therapeutic exercises-4 units, 97140-Myofascial release-1 unit, 97140-Joint Mobilization-1 unit and G0283-Interfertility Current-1 unit)

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

The TMF physician reviewer is a licensed chiropractor with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the 12 sessions of physical therapy (97110-Therapeutic exercises-4 units, 97140-Myofascial release-1 unit, 97140-Joint Mobilization-1 unit and G0283-Interfertility Current-1 unit) are not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 04/27/09
- Preauthorization notification– 02/27/09, 03/19/09
- Preauthorization request – 02/24/09

- Subsequent Evaluation– 02/20/09
- Reconsideration for physical therapy– 03/12/09
- Request For IRO For Physical Therapy– 04/15/09
- Office visit notes from Spine and Rehab – 12/09/05 to 02/20/09
- Spine and Rehab Weekly Progress notes– 10/18/07 to 01/18/08
- Report of electrodiagnostic examination – 06/07/04
- Report of x-rays of the right wrist – 07/16/04
- Page 2 of the report of MRI of the right shoulder and right wrist – 01/04/06
- Operative report of the arthroscopy of the right shoulder – 03/01/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx-xx-xx. She felt a sharp pain in her right hand that traveled up to the right shoulder. The patient underwent an arthroscopy of the right shoulder with repair of rotator cuff tear in March of 07. She has undergone extensive therapy including therapeutic exercises, post-surgical rehabilitation and several weeks of work conditioning program that exceeded the ODG's. The provider indicates the patient has failed home exercises and has recommended the patient undergo 12 sessions of physical therapy.

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

The medical record documentation indicates that the patient has received an extensive on-going treatment program since her injury in xxxx. The records indicate that her doctor states she has failed a home exercise program. However, the patient was most likely properly instructed in a self directed home exercise program for which she is responsible to properly execute on an on-going basis. Therefore, it is determined that the patient has had intensive therapy over the years and the proposed 12 visits of physical therapy are not medically necessary to treat her condition.

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)