

# Parker Healthcare Management Organization, Inc.

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**DATE OF REVIEW:** MAY 27, 2009

**IRO CASE #:**

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed 6 units each of: Acupuncture, chiropractic manipulation, manual therapy and therapeutic exercise (97810, 97140, 97110, 98940)

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

The reviewer for this case is a doctor of chiropractic peer matched with the provider that rendered the care in dispute. The reviewer is licensed by the Texas State Board of Examiners and is engaged in the practice of chiropractic on a full-time basis. Diplomate, American Academy of Pain Management; Diplomate, American Board of Quality Assurance and Utilization Review Physicians; Certified in Healthcare Quality Management, Board Certified in Acupuncture (NBCE.)

## **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
840.9	97810, 97140, 97110, 98940			6					Overturned

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 30 pages of records received to include but not limited to:  
Request for an IRO forms; Chiropractic records, 3.9.09-4.27.09; letters 3.18.09, 4.16.09

Requestor records- a total of 21 pages of records received to include but not limited to:

Chiropractic records, 3.9.09-4.27.09; MRI left shoulder 8.15.08; report, Remedy 1.30.09; patient referral, Physical therapy prescription

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient was injured on xx-xx-xx while working. He had left shoulder pain after vigorously turning a wheel on his vehicle. This radiated into the neck, and into the medial scapula. He was initially treated at Medical Clinic by Dr. He received some physical therapy, and an MRI was ordered. He did also have an orthopedic consultation. This was not available for review. Dr. referred the patient to Dr. for 6 sessions of Acupuncture. During the preauthorization process, this was denied, and denied again on appeal. The patient self procured 2 sessions of Acupuncture from, L.Ac. on 1/30/09 and 2/13/09. This resulted in immediate relief of symptomology which lasted a short period of time.

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

The request for a course of 6 sessions of Acupuncture is well within guidelines. The claimant had already received an initial trial of 2 sessions with good results. The ODG allows for 8-12 sessions past this.

The use of Chiropractic Manipulation is also acceptable for 6 sessions. ODG limits CMT to 9 sessions.

Therapeutic exercise is an accepted treatment for shoulder injuries, as is manual therapy. 6 sessions is within ODG guidelines. Relevant citations are noted below.

ODG Treatment in Workers' Compensation, Shoulder Injuries, version 5/15/09:

Acupuncture	<p>Under study. A review of 9 trials with varying placebo controls showed there was possibly some support for short-term benefit in regards to pain and function. (<a href="#">Green-Cochrane, 2005</a>) Acupuncture was of benefit over placebo in terms of function, and was more effective when combined with exercise compared to exercise alone. Several small clinical trials have found acupuncture to be effective on shoulder pain, but referral is dependent on the availability of experienced providers with consistently good outcomes. Among those shoulder indications, found to have positive outcomes from acupuncture, were rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following arthroscopic acromioplasty. (<a href="#">Kleinhenz, 1999</a>) (<a href="#">Sun, 2001</a>) (<a href="#">Romoli, 2000</a>) (<a href="#">Nabeta, 2002</a>) (<a href="#">Gilbertson, 2003</a>) (<a href="#">Guerra, 2003</a>) (<a href="#">He, 2004</a>) (<a href="#">Vickers, 2004</a>) (<a href="#">Grant, 2004</a>) (<a href="#">Michener, 2004</a>) (<a href="#">Guerra de Hoyos, 2004</a>) On the other hand, a recent trial did not show any benefit of acupuncture compared with placebo TENS when added to the exercise treatment of rotator cuff tendonitis. (<a href="#">Razavi, 2004</a>) The results of this trial suggest that acupuncture is more efficacious than ultrasound when applied in addition to home exercises in patients with impingement syndrome. Both groups improved, but the acupuncture group had a larger improvement in the combined score. (<a href="#">Johansson, 2005</a>) This recent RCT found that either electroacupuncture or interferential electrotherapy, in combination with shoulder exercises, is equally effective in treating frozen shoulder patients. It should be noted that this study only showed the combined treatment effects with exercise as compared to no treatment, so the entire positive effect could have been due to the use of exercise alone. (<a href="#">Cheing, 2008</a>) For an overview of acupuncture and other conditions in which this modality is recommended see the <a href="#">Pain Chapter</a>.</p> <p><b>ODG Acupuncture Guidelines:</b></p>
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	<p>Initial trial of 3-4 visits over 2 weeks          With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)</p>
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Manipulation	<p>Recommended as indicated below. There is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but this procedure is routinely applied by chiropractic providers whose scope allows it, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor. In general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. A recent clinical trial concluded that manipulative therapy for the shoulder girdle in addition to usual medical care accelerates recovery of shoulder symptoms. (<a href="#">Bergman, 2004</a>) (<a href="#">Michener, 2004</a>) A recent meta-analysis concluded that there is limited evidence which supports the efficacy of manual therapy in patients with a shoulder impingement syndrome. (<a href="#">Verhagen-Cochrane, 2004</a>) See also <a href="#">Physical therapy</a>.</p> <p><b>ODG Chiropractic Guidelines-          Sprains and strains of shoulder and upper arm:</b>          Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy          9 visits over 8 weeks</p>
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ODG Treatment in Worker's compensation, Pain Chapter version 5/20/09:

This passive intervention should be an adjunct to active rehab efforts. See also specific body-part chapters below:

**Low back:** Not recommended for acute low back pain, but recommended as an option for chronic low back pain using a short course of treatment in conjunction with other active interventions.

**Head:** Recommended for headaches, with better effect found for the treatment of migraine than tension headaches.

**Knee:** Recommended for osteoarthritis.

**Hip:** Recommended for osteoarthritis.

**Elbow:** Recommended for lateral epicondyle pain.

**Neck and upper back:** Under study for upper back, but not recommended for neck pain.

**Shoulder:** Under study

**Carpal tunnel syndrome:** Not recommended.

**ODG Acupuncture Guidelines:**

Initial trial of 3-4 visits over 2 weeks

With evidence of reduced pain, medication use and objective [functional improvement](#), total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)

ODG TWC Shoulder Injuries states: (updated 5/15/09)

**Physical Therapy: ODG Physical Therapy Guidelines –**

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the [ODG Preface](#).

**Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12):**

Medical treatment: 10 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment, arthroscopic: 24 visits over 14 weeks

Post-surgical treatment, open: 30 visits over 18 weeks

**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