



DATE OF REVIEW: September 8, 2009

IRO Case #:

**Description of the services in dispute:**

Continuation of physical therapy services to functionally strengthen and facilitate and safe return to work for patient (3 times per week, for 4 weeks).

**A description of the qualifications for each physician or other health care provider who reviewed the decision**

The clinician who provided this review is a licensed Physical Therapist. This reviewer is a member of the American Physical Therapy Association. This reviewer has been in active practice since 2003.

**Review Outcome**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Partially Overturned

The patient would benefit from additional 3 visits to receive a home exercise program and demonstrate independence to progress strength independently.

**Information provided to the IRO for review**

Records Received from the State:

1. Request for Independent Review 08/17/09 6pgs
2. Imaging radiology report 06/05/09 Dr. 2pgs
3. Visit note Dr. 06/18/09; Dr. 07/18/09 3pgs
4. Therapy extension request 07/08/09; 08/05/09 DPT 1pg
5. Patient progress report 07/16/09; 07/07/09 Dr. 8pgs
6. Notification of Determination 07/30/09; 08/14/09 3pgs
7. Letter from Texas Department of Insurance 08/25/09 1pg

Records Received from Attorney:

8. Physical Therapy evaluation 06/15/09 Dr. 4pgs
9. Physical Therapy order 06/15/09 1pg
10. Return to Work Authorization 06/15/09 1pg
11. Texas Workers' Compensation Work Status Report 06/17/09 and 06/18/09 2pgs
12. Physical Therapy Procedure Summary Dr. 3pgs
13. Employers First Report of Injury 1pg
14. Letter from P.C. 08/28/09 3pgs
15. Physical Therapy note/fee slip 06/19/09; 06/24/09; 06/26/09; 06/29/09; 07/01/09; 07/07/09; 07/08/09; 07/14/09; 07/16/09; and 07/21/09 Dr. 21pgs
16. Notice of Disputed Issue 2pgs
17. Patient Specific Functional Scale 06/24/09 and 07/08/09 3pgs
18. Therapy order Dr. 08/02/09 1pg

### **Patient clinical history [summary]**

The patient is a female who presented with a right shoulder RTC (rotator cuff tear) and tendonitis after an injury to her shoulder on xx/xx/xx. She attended 9 therapy sessions with focus on decreased pain, increased ROM (range of motion), and strength. The patient has significant improvements in ROM and functional activity with decreased pain. The patient continues with pain at night, but is able to perform ADL (activities of daily living) without pain.

### **Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.**

The patient has made good progress with therapy, and has full ROM in the back. The patient continues to have some strength deficits per the Physical Therapist. The patient has attended 9 of the 10 visits recommended by the ODG Guidelines, but has not returned to the full prior level of function and shows no reasons that full return is not a realistic goal.

The patient would benefit from an additional 3 visits to receive a home exercise program and demonstrate independence to progress strength independently.

### **A description and the source of the screening criteria or other clinical basis used to make the decision:**

1. APTA Guide to Physical Therapy Practice Pattern 4E, Appendix 2, "Standards of Practice for Physical Therapy Criteria." Treatment notes, and Initial evaluation.
2. APTA Guide to Physical Therapy Practice, 2nd Ed. (January 2001), pp 205–221.