

Notice of Independent Review Decision

DATE OF REVIEW: 11/3/2009
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical Therapy x 12 sessions; 97110, 97140, 97112

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Missouri-Kansas City and completed training in Physical Med & Rehab at Baylor University Medical Center. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Physical Med & Rehab since 7/1/2006 and Pain Management since 9/9/2006. This reviewer currently resides in TX.

REVIEW OUTCOME:

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

Physical Therapy x 12 sessions; 97110, 97140, 97112 Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This injured employee is a male injured on xx/xx/xx while unloading a truck and replacing pallets with pain in right neck, shoulder and arm. The injured employee was diagnosed with cervical and right shoulder sprain/strain with internal derangement of shoulder. Letters of denial were issued on 9/10/09 and 10/1/09. According to the records the injured employee has had 23 visits of physical therapy to date starting on 4/28/09 and last visit on 9/21/09. MRI of shoulder on 5/19/09 revealed a complete tear of the supraspinatus and infraspinatus tendons with tendon retraction and muscle wasting and joint effusion. EMG/NCV (electromyography/nerve conduction velocity) on 7/16/09 suggested bilateral median mononeuropathy at the wrist with no other abnormalities. The injured employee's previous surgery was denied early after surgery but surgery has been suggested again after consultation with Dr. Kenneth Berliner on 10/09/09. No return to work therapy is mentioned.

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

The injured employee suffered a cervical sprain/strain and complete rotator cuff tears of the infraspinatus and supraspinatus on xx/xx/xx while working with pallets. According to case notes the injured employee has had 23 sessions of physical therapy from the dates of 4/28/09 to 9/21/09. A subsequent request of 12 more sessions of physical therapy has been submitted with letters of appeal. It is noted that on 10/9/09 Dr. xxx xxxx has

recommended surgical repair of the complete tendon tears. According to ODG, physical therapy is recommended for the treatment of both cervical strain and rotator cuff injuries for 10 visits of physical therapy recommended for both conditions. To date the injured employee has had 23 visits of therapy to date with some improvement but continued functional deficit. There are no compelling exceptional circumstances documented to warrant additional therapy services at this time.

Thus, the recommendation is to uphold the prior denial.

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
- X 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)