

I-Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/09/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Continued physical therapy 3x/week x 4 weeks, 97110, 97014, 97010, 97033, 97035, 97014

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

Adverse Determination Letters, 8/12/09, 8/18/09

ODG Guidelines and Treatment Guidelines

, 8/7/09

, MD, 7/31/09, 11/21/08, 12/19/08, 1/23/09, 2/24/09, 3/3/09, 3/20/09, 4/21/09, 3/27/09, 7/7/09, 6/9/09, 5/12/09

, PT Notes, 5/8/09, 5/13/09, 5/15/09, 5/18/09, 5/19/09, 5/22/09, 5/27/09, 5/28/09, 5/29/09, 6/1/09, 6/3/09, 3/30/09, 6/5/09, 6/9/09, 6/18/09, 6/30/09, 7/1/09, 7/6/09, 7/8/09, 7/21/09

OTR, 7/14/09, 6/10/09, 6/23/09, 7/2/09, 7/14/09, 7/16/09

, 8/29/08, 9/4/08, 9/5/08, 9/9/08, 9/12/08, 9/19/08, 9/25/08, 9/26/08, 9/30/08, 10/2/08, 10/3/08, 10/10/08, 10/24/08, 11/3/08, 11/10/08, 12/10/08, 12/23/08, 1/6/09

Dr , MD, 2/19/09

Dr. 2/26/09, 7/23/09

Operative Report, 2/27/09

PATIENT CLINICAL HISTORY SUMMARY

This is a xx-year-old right-handed male who injured his left elbow in xx/xx while trying to pull mail carts out from the back of a truck. He had limited relief with injections and physical therapy. He underwent operative intervention in February 2009. The patient then had postoperative therapy. He still has left elbow pain. Exam notes from 7/31/09 state that an EMG study came back negative and that he has good range of motion of the shoulder and

elbow.

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

Based upon the medical records and the Official Disability Guidelines and Treatment Guidelines, the reviewer finds that medical necessity does not exist for Continued physical therapy 3x/week x 4 weeks, 97110, 97014, 97010, 97033, 97035, 97014. The records demonstrate that the patient has already had a course of therapy consistent with the guideline recommendations after his surgical procedure in February 2009. The records also indicate that the claimant is more than six months post-surgery, and therefore outside of the timeline recommended for physical therapy in the ODG. The reviewer therefore will uphold the previous adverse determination(s) in this instance.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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