



DATE OF REVIEW: March 31, 2010

IRO Case #:

Description of the services in dispute:

Twelve (12) sessions of physical rehabilitation.

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

The physician who provided this review is board certified by the American Board of Preventive Medicine in General Occupational Medicine. This reviewer is a fellow of the American College of Occupational and Environmental Medicine. This reviewer has been in active practice since 1995.

Review Outcome

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: Upheld. The request for 12 sessions of physical rehabilitation is not medically necessary.

Information provided to the IRO for review

Received from the State 3/12/10:

- Notice of Assignment of Independent Review Organization 3/12/10, 1 page.
- Notice to Utilization Review Agent of Assignment 3/12/10, 1 page.
- Notice. of Case Assignment 3/12/10, 1 page.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization 3/11/10, 5 pages.
- Request for Review by an Independent Review Organization 3/10/10, 3 pages.

Received from the Carrier 3/12/10:

- Requests for Authorization, Pain & Recovery Clinic 1/19/10, 2/11/10, 2 pages.
- Review Opinions, 1/22/10, 2/18/10, 5 pages.
- Request for Reconsideration, Pain & Recovery Clinic 2/10/10, 2 pages.
- Physical Therapy Progress Note, Pain & Recovery Clinic 1/18/10, 2 pages.

Received from the Provider 3/16/10:

- Letter from Dr. Pain & Recovery Clinic 3/12/10, 1 page.
- Request for Reconsideration, Pain & Recovery Clinic 2/10/10, 2 pages.
- Physical Therapy Progress Note, Pain & Recovery Clinic 1/18/10, 2 pages.

Patient clinical history [summary]

This patient sustained an injury to the left shoulder and left wrist on xx/xx/xx. He has received 10 physical therapy treatments with little improvement and continues to have pain that is rated 9/10. He has diminished range of motion and decreased grip strength. No additional diagnostics or consultants are offered to find a cause for the delayed recovery in this case. More therapy is being requested, and little progress has been made with the therapy that has been delivered to date.

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

Medical necessity for the requested 12 physical rehabilitation treatments has not been established. ODG recommends up to 10 physical therapy treatments over 8 weeks for the treatment of acute and chronic conditions of the shoulder, and wrist conditions. Furthermore, ODG endorses treatments consisting of (#97110) therapeutic exercises, (#97112) neuromuscular reeducation, (#97140) manual therapy, or any combination of these. However, ODG recommends that these treatments should not exceed more than 4 units or 60 minutes per session as related to the affected part. This treatment was rendered.

ODG supports transition to a home exercise program as the cornerstone for strengthening and transitioning patients towards independence.

The 12 requested physical rehabilitation treatments are not medically necessary as related to the left shoulder and left wrist. This request is not supported by evidence-based guidelines.

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

ODG – Treatment in Workers' Comp, Integrated Treatment/Disability Duration Guidelines–TWC, Official Disability Guidelines; online version, 2010