



Southwestern Forensic
Associates, Inc.

Amended April 13, 2010

REVIEWER'S REPORT

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Manual therapy techniques (EG: mobilization/manipulation/manual lymphatic drainage), one or more regions, each 15 minutes.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering shoulder problems and rehabilitation of the shoulder after arthroscopic surgery

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. SWF forms
2. TDI referral forms
3. Denial letters, 03/10/10, 03/18/10, 03/16/10
4. Physical Therapy daily notes, fourteen entries between 01/14/10 and 02/22/10
5. Fax reconsideration request, 03/16/10
6. Manual therapy of the shoulder, Distinction From Manipulation, Dr.
7. Orthopedic Surgery Clinic clinical notes, six entries between 08/26/09 and 01/25/10
8. Operative report, 12/08/09
9. Job description
10. Evaluations, 03/18/10
11. D.O., 03/10/10
12. D.O.
13. Fax cover, 03/05/10 and 02/23/10

14. Confidential information, 02/17/10 and 01/14/10
15. Approval of physical therapy, 01/18/10
16. fax covers, 03/02/10 and 03/05/10
17. Letter dated 03/17/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who suffered a right shoulder injury on xx/xx/xx. He sustained a type 2 acromioclavicular separation of the shoulder. He underwent acromioclavicular joint injection with minimal relief and an MR arthrogram, which revealed a 4-mm full thickness tear of the rotator cuff. On 12/08/09 the patient underwent right shoulder arthroscopic procedure including open distal clavicle resection and open rotator cuff repair. His postoperative physical therapy has proceeded with improvement in range of motion. A request has been submitted for joint mobilization techniques with CPT code 97140.

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

The therapeutic modality with CPT code 97140 is a manual therapy technique, which is commonly utilized in rehabilitation programs. Like many other therapy modalities, it is requested on the basis of the therapeutic recommendations of the physical therapist, and in this case was requested for approval. The ODG 2010 Shoulder Chapter, physical therapy passage, includes the following statement in a subpassage, Active Treatment Versus Passive Modalities: “The use of active treatment modalities instead of passive treatment is associated with substantially better clinical outcomes. The most commonly used active treatment modality is therapeutic exercises, 97110, but other active therapies may be recommended, as well, including neuromuscular re-education, 97112, manual therapy, 97140, and therapeutic active exercises, 97530...” It would appear that this is an acceptable form of physical therapy in a physical therapy regimen recommended by physical therapist and supervised and monitored by the treating orthopedic surgeon.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines, 2010, Shoulder Chapter, Physical Therapy passage.

- _____ Pressley Reed, The Medical Disability Advisor.
- _____ Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- _____ Texas TACADA Guidelines.
- _____ TMF Screening Criteria Manual.
- _____ Peer reviewed national accepted medical literature (provide a description).
- _____ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)