



Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 01/05/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy three times per week for four weeks

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering shoulder problems.

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
719.41			Prosp.						Upheld

INFORMATION PROVIDED FOR REVIEW:

1. Independent Review Incorporated forms
2. TDI forms
3. Denial letters dated 12/01/09 and 10/21/09, including criteria used in the denial.
4. Dispute of issues letter dated 10/28/09
5. Initial evaluation, physical therapist, 10/21/09
6. Appeal letter, 11/20/09
7. Orthopedic evaluation, 09/30/09
8. Physical therapy initial evaluation 10/21/09.
9. Pre-operative evaluation 12/13/06, and office visits 07/12, 08/09 & 11/22/06.
10. Official Disability Guidelines

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who suffered a dislocation of the right shoulder on xx/xx/xx. The mechanism of injury is not documented. Apparently the patient suffers a Hill-Sachs lesion. However, there is no bony Bankart lesion evident. He may have suffered a second dislocation; however, he has not suffered any additional dislocation of the shoulder. He does have an apprehension approach to his motion. He denies pain in the shoulder. His range of motion is only minimally limited, and there are no strength deficits documented.

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

At this time there are no goals of physical therapy other than the theoretical goal that might contribute to a set of circumstances which would prevent the necessity for a surgical procedure in the future. This is only a theoretical justification and is not objectifiable. The patient should maintain his strength and continue to avoid those positions which he has come to recognize contribute to a sense of instability in the right shoulder. The need for reconstruction surgery to stabilize the shoulder would only be entertained if recurrent dislocations occur.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 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.
- 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.)