

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 1/22/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PT 3 X 4 cervical and shoulder right active/passive (97110, 97140)

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:

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

PT 3 X 4 cervical and shoulder right active/passive (97110, 97140) Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Facsimile transmittal sheet by dated 1/14/2010
2. Notice of assignment of independent review organization by dated 1/4/2010
3. Administrative discharge sheet by MD dated 6/22/2009
4. X-ray report of the right shoulder two views by MD dated 6/16/2009
5. X-ray report of the cervical spine three views by MD dated 6/16/2009
6. Visit summary report by MD dated 6/16/2009
7. Texas worker's compensation work status report by MD dated 6/16/2009
8. WC work sheet by author unknown dated unknown
9. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a male with neck and right shoulder injury on xx/xx/xx while moving a portable shed. He has been treated with 12 visits of chiropractic treatment without significant improvement. MRI cervical spine on 7/14/09 revealed some disc bulges without evidence of neural compression. MRI right shoulder on 9/1/2009 revealed mild tendonitis without rotator cuff tear. The injured employee has also been treated with trigger point injections in the right shoulder area.

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

The request for additional therapy consisting of 12 treatment sessions is beyond ODG recommended treatment. The injured employee has been treated previously with 12 sessions of physical therapy and a work hardening program with a limited response, according to the available documentation. It is unclear from the submitted documentation what benefit is expected from the proposed treatment. No trial of treatment was recommended to gauge the injured employee's possible responsiveness to treatment. It is also unclear if the injured employee is actively pursuing an independent home program of self directed exercise to help improve his condition. Based on these factors, the physical therapy is not considered medically necessary, in accordance with ODG. Recommendation is that prior denials of request for physical therapy 3 times per week for 4 weeks to the cervical spine and right shoulder be upheld.

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
- 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)