

Notice of Independent Review Decision

**IRO REVIEWER REPORT**

DATE OF REVIEW: 07/14/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

64418 – N Block Inj, Suprascapul,  
97530 – Therapeutic Activities,  
G0283 – Elec Stim Other Thn Wound,  
97112 – Neuromuscular Reeducation,  
97140 – Manual Therapy.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR  
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The TMF physician reviewer is board certified in anesthesia/pain management with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the Suprascapular nerve block followed by physical therapy is not medically indicated to treat this patient's condition.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Information for requesting a review by an IRO – 07/01/10
- Decision letter– 06/07/10, 06/25/10
- Progress notes by Dr.– 05/06/10
- Report of electrodiagnostic studies – 05/20/10

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient suffers neck pain and headaches since xx/xx/xx subsequent to a work-related injury and she also suffers left shoulder pain. The patient is being treated with medications but still complains of moderate to severe neck pain with occipital headaches. The treating physician is recommending that the patient undergo a suprascapular nerve block followed by physical therapy visits.

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

The Suprascapular nerve block followed by physical therapy is controversial. The ODG states that this is under study and there is no documentation to support the necessity for the physical therapy codes, especially 97112. This code is reserved for rehabilitation following a stroke and it has no validity in this case. Therefore, it is determined that the suprascapular nerve block followed by physical therapy visits is not medically indicated to treat this patient.

**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)