



Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 6/2/10

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for physical therapy (PT) three times per week for two weeks (six sessions) with CPT codes including 97110-therapeutic exercises, 97035-ultrasound and 97150-group (exercise) therapy.

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

Texas licensed chiropractor

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> 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.

The previously denied request for PT three times per week for two weeks (six sessions) with CPT codes including 97110-therapeutic exercises, 97035-ultrasound and 97150-group (exercise) therapy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- UR Review Findings dated 5/11/10, 4/22/10.
- Mental Health & Behavior Assessment dated 4/20/10.
- Final Report dated 4/1/10.
- Patient Daily Notes dated 3/18/10, 3/17/10, 3/16/10, 3/11/10, 3/8/10, 3/4/10, 3/3/10, 2/25/10, 2/22/10.
- Notification Letter dated 2/25/10.
- Evaluation Summary dated 2/4/10.

- Doctors Report dated 2/4/10.
- Texas Workers' Compensation Work Status Report dated 2/2/10.
- General Physical Examination dated 2/2/10.
- Emergency Report dated 1/19/10, 9/28/09, 9/24/09, 9/10/09.
- X-Ray Exam dated 9/10/09.

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: female

Date of Injury: xx/xx/xx

Mechanism of Injury: The mechanism of injury is described several ways. The first is described as removing cleaning equipment from a utility room and a folding dictation table fell on her right shoulder. The second is described as a cabinet fell on her right arm landing on her shoulder. The third is described as a piece of equipment fell out and struck her on her shoulder. The fourth is described as ran into a dresser drawer.

Diagnosis: 840.9-right shoulder sprain strain, 840.0-right acromioclavicular sprain, 840.4-right shoulder rotator cuff sprain, right shoulder contusion and right shoulder rotator cuff tendinopathy with tension myalgia.

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

This right hand dominant female sustained a work related injury on xx/xx/xx, while working. The mechanism of injury was described several ways. The first was described as removing cleaning equipment from a utility room and a folding dictation table fell on her right shoulder. The second was described as a cabinet fell on her right arm landing on her shoulder. The third was described as a piece of equipment fell out and struck her on her shoulder. The fourth was described as ran into a dresser drawer. Nevertheless, the provided diagnoses included 840.9-right shoulder sprain strain, 840.0-right acromioclavicular sprain, 840.4-right shoulder rotator cuff sprain, right shoulder contusion and right shoulder rotator cuff tendinopathy with tension myalgia. The injured worker was evaluated on 9/10/09 by, MD and referred to orthopedic specialist, MD. The provided documentation indicated that she was initially treated with PT, medications and continued to have discomfort. A CT scan report of the right shoulder, dated 9/28/09, identified a small osseous density on the plain films of 9/10/09, which appeared to be within the joint and adjacent to the inferior posterior bony glenoid, and could represent an area of old injury without appearing acute. Otherwise, the CT scan was grossly negative. The injured worker presented to chiropractic provider, DC for evaluation on 2/2/10, with reported severe constant right shoulder pain that increased with activity rated 6-9/10. She was noted as working modified duty, but that her employer wanted her to return to work without restrictions. The work status report dated 2/2/10 and signed by Dr. indicated that she could return to work as of 2/2/10, without restrictions. Dr. performed a Functional Capacity Evaluation on 2/4/10. The injured worker was determined to be a light-medium duty demand level for a medium duty job demand level as an attendant at a children's institution. There was 4/5 muscle weakness documented

in right shoulder shrug, deltoid, biceps and triceps regions. Right shoulder range of motion was normal in internal and external rotation and flexion was 168/180 degrees, extension 44/50 degrees, adduction 46/50 degrees and abduction 169/80 degrees. She began a course of PT where progress notes, from 2/22/10 through 3/18/10, indicated completion of at least nine (9) sessions of PT which included only 45 minutes of 97110-therapeutic exercise and 15 minutes with 97150 group therapy exercises. Pain scale on 2/22/10 was 8.5-10/10 and waxed and waned through 3/18/10 with reported 8/10 pain. There were no well documented objective functional deficits provided within those daily progress notes. She was recommended back to the orthopedic surgeon to discuss other treatment options and to continue home exercise program. The injured worker presented to orthopedic specialist, MD on 4/1/10. The report indicated that there was chronic right shoulder pain. An X-ray of the shoulder revealed no fracture or subluxation present. There was a small smoothly corticated ossific density projecting just inferior to the bony glenoid, possibly within the joint capsule. On exam, she had full range of motion and muscle strength in the right shoulder. She was recommended to continue with PT exercise and have therapeutic ultrasound. The injured worker was provided a Mental Health & Behavior Assessment on 4/20/10, by, MS, LPC, LMFT and Ph.D. She was diagnosed with adjustment disorder with mixed anxiety and depression, pain disorder associated with a psychological factor and general medical condition, chronic pain, hypertension and history of stomach ulcers as well as a GAF of 61.

The current request is to determine the medical necessity for PT, three times per week for two weeks (six sessions) with CPT codes including 97110-therapeutic exercises, 97035-ultrasound and 97150-group (exercise) therapy. The medical necessity was not established for continued PT following the approximately nine provided PT sessions through 3/18/10. She remained with high pain scales of 8/10 following these visits, as well as there was no identification of continued functional deficits noted with regard to muscle strength or ranges of motion involving the right shoulder. Dr. also noted, on 4/1/10, that she had full range of motion of the right shoulder with full motor strength. Therefore, additional visits beyond the nine visits already provided through at least 3/18/10 are not appreciated for medical necessity. The current request for additional supervised exercise and group exercises would exceed the guideline recommendations, and ultrasound is not supported for this diagnosis. The reference which supports this determination is found in the Return to Work Guidelines (2010 Official Disability Guidelines, 15th edition) Integrated with Treatment Guidelines (ODG Treatment in Workers' Comp, 8th edition) web based version regarding shoulder sprain strain diagnosis and physical therapy recommendations. The reference indicates to "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT" with "9 visits over 8 weeks." Again, she had been afforded nine visits through 3/18/10, with therapeutic exercises and group exercise therapy. Regarding the ultrasound modality, the reference indicates that "the evidence on therapeutic ultrasound for shoulder problems is mixed. Ultrasound provided clinically important pain relief relative to controls for patients with calcific tendonitis of the shoulder in the short term. But the evidence does not support use of ultrasound for other conditions of the shoulder. There was no evidence of a diagnosis of calcific tendinitis to consider ultrasound as a

medically necessary modality regarding this injured worker. There was no evidence of re-injury, new injury or surgical intervention to consider. Therefore, this request is not appreciated for medical necessity and the previous adverse determination is upheld.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.

Return To Work Guidelines (2010 Official Disability Guidelines, 15th edition) Integrated with Treatment Guidelines (ODG Treatment in Workers' Comp, 8th edition) web based version regarding shoulder sprain strain diagnosis and physical therapy recommendations. <http://www.odg-twc.com/bp/840.htm#840> <http://www.odg-twc.com/odgtwc/shoulder.htm#Ultrasoundtherapeutic>

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).