



Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 05/07/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Continuation of Physical Rehabilitation 3 x Week x 4 Weeks (12 Additional Visits)

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

Board Certified in Preventative & Occupational Medicine
Board Certified in Family Practice
Bachelor of Science Degree in Pharmacy
Fellow of the American Academy of Disability Evaluating Physicians
Fellow of the American Osteopathic Academy of Preventative Medicine
Instructor, Designated Doctor's Training Course

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.

Continuation of Physical Rehabilitation 3 x Week x 4 Weeks (12 Additional Visits) -
UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Physical Therapy Evaluation, M.D., 01/27/10
- Pre-Authorization Request, Dr. 02/02/10, 03/10/10, 03/29/10
- Physical Therapy Progress Note, Dr. 03/08/10
- Denial Letter, 03/15/10, 04/05/10
- Request for Reconsideration, Dr. 03/17/10
- Correspondence, Dr. 04/21/10
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient complained of pain to the left wrist and right shoulder. She completed 12 sessions of physical therapy. She had shown improved response to therapy and was felt to benefit from continued active rehabilitation. Therefore, twelve more sessions were requested.

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

Per the Official Disability Guidelines (ODG) for a shoulder/rotator cuff sprain, 10 physical therapy visits over 8 weeks would be considered acceptable. It is noted in this case that the patient has already exceeded that parameter. In reviewing the progress made by the individual, it is noted that there have been increases the flexion ability, but the abduction has been essentially stable. Nevertheless at this point, it is improbable that further active therapy would provide any substantial benefit over a home exercise program. There is no particular exercises at this point that could not be done in a home exercise program that would not be as beneficial as those done in a formal therapy setting. It may very well be true that she could experience further improvement with physical therapy, but it would also be true that the same improvement could be experienced with a home exercise program. Not only can range of motion (ROM) exercises be accomplished in a home program, but also strengthening, utilizing aids such as Thera-bands, which are commonly supplied by physical therapists for home exercise purposes. As such, the request for an additional 12 sessions of physical rehabilitation would not be reasonable or necessary and the additional treatments would not be supported by the ODG.

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)