

Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX 75038
972.906.0603 972.255.9712 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 2, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed physical therapy 20 sessions (97799)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
840.4	97799		Prospect	20					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-15 pages

Respondent records- a total of 218 pages of records received from to include but not limited to: TDI letter 8.13.10; records, Dr. 11.10.09-7.20.10; Medical, Inc 4.6.10; Shoulder Arthrogram 4.1.10; Accident report 9.4.09; General Industrial Medical Order 9.5.09-9.29.09; Healthcare records 9.5.09-7.30.10; x-rays PA and Lateral chest 9.5.09; ISO claim search match report 9.3.09; letter 11.25.09-8.5.10; Request for an IRO forms; email from to Dr. 11.23.09, 7.29.10,8.3.10; MRI upper extremity 11.4.09; notes 4.28.10-7.27.10; Labor Commission notes 12.15.09-4.28.10; HCFA DOS 4.21.10; CPT code E1399; Department of Health and Human Services letter 5.30.07; Clinical studies on cold and compression therapy

Respondent records- a total of 72 pages of records received from to include but not limited to: Request for an IRO forms; letters 8.2.10, 8.5.10; email to from 7.30.10; report, Dr. 8.3.10; Medical notes 4.28.10-7.27.10; MRI Upper extremity 11.4.09

Requestor records- a total of 34 pages of records received to include but not limited to: Medical notes 11.4.09-7.26.10; Labor Commission notes 4.28.10-7.27.10

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with a letter of medical necessity indicating that the injured employee was surgically addressed twice and had completed 31 sessions of physical therapy. There was an element of adhesive capsulitis and noted that an additional 20 sessions of physical therapy would be necessary.

The copy of Form 221 noted that as of June 29, 2010 there was 145° of passive shoulder range of motion. This escalated to 155° two weeks later. The progress notes indicate that there were complaints of forearm pain. These notes also indicate that there was perhaps less than complete compliance with the home exercise program.

The operative note indicated the rotator cuff tear and an adhesive capsulitis that was addressed with an MUA.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines Shoulder chapter updated August 2010, physical therapy for adhesive capsulitis is assigned as "Adhesive capsulitis (IC9 726.0): Medical treatment: 16 visits over 8 weeks Post-surgical treatment: 24 visits over 14 weeks". Clearly, that measure has been exceeded. Further, the injured employee has PROM of 155° and has been less than compliant with the home exercise protocol. Therefore, based on the clinical data presented for review, the requested services do not meet medical necessity.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES