Prime 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
PT 2 x wk x 4 wks R Shoulder

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic Surgeon

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
X-rays of the right shoulder report: 12/21/10:
X-ray of right humerus report: 12/21/l0
MRI of the right shoulder report: 12/28/10
PT evaluation: 12/30/10
PT Progress notes: 01/07/11, 01/10/11, 01/13/11, 01/17/11, 01/20/11, 01/24/11, 01/27/11, 01/31/11
Peer Review: 02/04/11, 02/25/11
ODG Physical Therapy Guidelines
OV: 02/23/11

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a female who sustained a work related injury to her shoulder on xx/xx/xx. She felt pain in her right biceps. X-rays of her right shoulder on 12/21/10 revealed minimal degenerative changes of her acromioclavicular joint. An x-ray of her humerus done at the same time was normal. An MRI of the claimant's right shoulder on 12/28/10 demonstrated acromioclavicular joint arthropathy impinging upon the supraspinatus. Findings were consistent with supraspinatus tendinitis/tendinopathy. The claimant had 9 physical therapy visits. A physical therapy progress note dated 01/31/11 noted that the claimant reported her pain level as 1/10 and she was compliant with her home exercise program. It was recommended that she continue with physical therapy. This was noncertified in a peer review dated 02/04/11 as medical necessity of further physical therapy was not established. When she saw Dr. on 02/23/11, the claimant was working light duty and slowly improving. On examination the claimant had tenderness to palpation over her anterior glenoid and biceps tendon. She had a positive Neer's and Hawkins, normal strength and active range of motion with the limiting factor of pain. Dr. recommended the claimant continue to take her anti-inflammatory medication and restart physical therapy. Physical therapy was again

noncertified in a peer review dated 02/25/11 as the request was in excess of the guidelines.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
Review of the medical records documents a female who was injured on xx/xx/xx noting shoulder pain and discomfort. She has had nine physical therapy sessions thus far. An MRI on 12/22/10 demonstrates degeneration of the acromioclavicular joint, but no evidence of rotator cuff tear. Official Disability Guidelines state medical treatment for impingement in the rotator cuff to be ten visits over eight weeks. The claimant is one visit shy of meeting this.

The further request is for eight more visits. Based upon the records available for review and consistent with the Official Disability Guidelines, the reviewer finds that PT 2 x wk x 4 wks R Shoulder is not medically necessary.

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

[ ] ACOEM-AMERICA 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)