Notice of Independent Review Decision
AMENDED 2/10/11

DATE OF REVIEW: 2/7/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the retrospective medical necessity of an established office visit. (99213)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding retrospective medical necessity of an established office visit. (99213)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:
According to available medical records, this individual was injured at work in xxxx. Records indicate that she was retrieving personal items from a low locker when a co-worker leaned against her right shoulder. She was seen for evaluation on the day following the injury. Her injury was noted. Decreased range of motion and tenderness in the right shoulder were described. She was said to be neurologically and vascularly intact. X-rays were said to be normal. A diagnosis of right shoulder strain was made; she was given an intramuscular injection of Decadron 8 mg, and advised to use Ibuprofen and ice on the shoulder. She was initially sent back to full duty, but was unable to fully fulfill her duties and therefore, was placed on restricted duty.

The injured worker continued to be followed at medical factility and on June 13,

was started on Celebrex 200 mg b.i.d. and told to use a splint. Physical therapy was ordered on June 20. She was initially evaluated by her physical therapist on June 30. Decreased strength and limited range of motion were noted.

On July 11, she was discontinued from physical therapy because she was unable to keep her regularly scheduled treatments. Her pain was described as 6/10 and continued limitation of motion and weakness were described. On July 24, a MRI scan of the shoulder was performed showing no evidence of rotator cuff tendon abnormality, a small amount of edema in the subacromial, sub deltoid bursa, and no other abnormalities.

On October 16, M.D. evaluated the injured worker and ordered physical therapy. According to records, Dr. gave her three steroid injections although I do not have formal records from Dr. indicating that these procedures were performed. On March 13, was evaluated at center and orthopedic referral was recommended. On November 7, the injured worker went to an emergency room complaining of right shoulder and chest pain. Her chest x-ray was said to be normal. An EKG was said to show minimal voltage criteria for a left ventricular hypertrophy. A diagnosis of “right-sided chest pain” was made.

On November 16, D.O. evaluated the injured worker for determination of maximum medical improvement and impairment rating. Dr. determined that the injured worker’s diagnosis was shoulder strain and that she had reached maximum medical improvement on November 3. A ten percent whole person impairment rating was given.

On May 26, the injured worker was evaluated by M.D. at the center. The injured worker continued to be followed at that center. She had two further emergency room visits, one on April 2, and another on December 4. She apparently was given Toradol injections for pain during those emergency room visits.

The injured worker was treated with Darvocet N100 which did not seem to help her and she was then started on Lortab 7.5 mg/500 mg for pain management. The center mentioned pain in the left shoulder and pain in both wrists and hands. The center also mentioned head trauma on July 30, and on September 3. Dr. noted on September 1, that the individual’s primary diagnosis was carpal tunnel syndrome. Dr. noted headaches, bilateral shoulder pain, and bilateral wrist and hand pain. He recommended Lortab and Mobic and also recommended starting Neurontin and Zanaflex. In the medical record, these medications were all listed under the diagnosis of carpal tunnel syndrome.

On October 7, the injured worker was seen at the center complaining of dizziness and unsteadiness due to Neurontin and Zanaflex. She continued to complain of headaches and unsteadiness and the individual who evaluated her, NP, recommended decreasing Mobic as this could have increased her blood pressure and caused headaches and decreasing her Lortab. The injured worker was seen on at least two more occasions documented in the medical record, November 11, and December 9.

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

According to available medical records, this worker injured her right shoulder in xxxx. A diagnosis of shoulder strain was made. X-rays were negative. An MRI showed some fluid in the sub deltoid bursa, but no other evidence of abnormality. The injured worker received multiple medications including nonsteroidal anti-inflammatory medications and pain relievers, steroid injections, a sling, ice, and physical therapy.

She reached maximum medical improvement from her reported injury, according to this record, on November 3, and was given an impairment rating of 10%. She has continued to report right shoulder discomfort, but her complaints have also grown to include pain in the left shoulder, pain in the wrists and hands, and headaches related to head trauma. According to the records that were presented for review, this worker had at least seventeen physicians and three emergency room visits and it appears that all of the physician visits she has received were not included for review according to the reviewer.

According to ODG Treatment Guidelines, shoulder problems such as the one described for this injured worker would generally be expected to require one new physician visit, one emergency room visit, and six physician established visits. While it is recognized that ODG Treatment Guidelines are simply guidelines, it should be noted that this injured worker was being treated for a number of other problems including left shoulder pain, bilateral wrist and hand pain, and head trauma.

In a note dated September 1, Dr. indicated that the primary issue addressed was carpal tunnel syndrome and at that time, he added to the injured worker's treatment program Neurontin and Zanaflex. The injured worker was already taking Lortab and Mobic.

This record indicates that since the original strain or sprain of the right shoulder, the injured worker had received at least seventeen physician visits and three emergency room visits, all of which exceed the recommended physician visits for a sprain or strain of the shoulder. The record further indicates that the treatment issues were expanded over the years to include a number of unrelated problems including left shoulder pain, and pain in both wrists and hands. Also included in her complaints were headaches and symptoms related to several head traumas. She reached maximum medical improvement for her right shoulder injury on 11/03.

The provided records do not establish the medical necessity for a 99213 office visit for issues related to her right shoulder strain which occurred in xxxx. Therefore, the office visit is found to be not medically necessary at this time.

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)**