

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: January 11, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

For continuation of Physical Therapy, twice a week for four to six weeks. CPT: 97110, 97140, 97014 and 97010.

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

FAMILY PRACTICE
PRACTICE OF OCCUPATIONAL 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier include:

- Employers First Report of Injury or Illness, xx/xx/xx
- M.D., 09/21/10, 10/05/10, 12/03/10, 01/05/11
- Rehabilitation Center, 09/21/10, 09/28/10, 10/05/10, 10/06/10, 10/08/10, 10/11/10, 10/14/10, 10/15/10, 10/27/10, 11/28/10
- Texas Workers' Compensation Work Status Report, 09/21/10, 10/05/10, 11/10/10, 01/05/11
- M.D., 09/21/10
- Express, 09/28/10, 10/20/10, 11/10/10
- Outpatient Authorization Recommendation, 10/01/10

- M.D., 10/14/10
- Health System, 10/20/10, 10/27/10, 11/10/10
- M.D., 11/22/10
- 12/01/10, 12/16/10
- DWC-69, Report of Medical Evaluation, 01/06/11
- R.N., 01/05/11

Medical records from the URA include:

- Official Disability Guidelines, 2008
- Rehabilitation Center, 09/21/10, 09/28/10, 10/06/10, 10/08/10, 10/11/10, 10/15/10, 10/29/10, 11/22/10, 11/24/10, 12/03/10
- 09/29/10
- Texas Workers' Compensation Work Status Report, 12/03/10

Medical records from the Provider include:

- M.D., 09/21/10, 10/27/10, 11/10/10, 12/03/10, 01/05/11
- Texas Workers' Compensation Work Status Report, 09/21/10, 10/05/10, 10/20/10, 10/27/10, 11/10/10, 12/03/10, 01/05/11
- Health System, 10/05/10, 10/14/10, 10/20/10
- M.D., 11/22/10
- DWC-69, Report of Medical Evaluation, 01/06/11

PATIENT CLINICAL HISTORY:

The upper extremity shoulder is the area of injury. The date of injury is xx/xx/xx. The treating physician is M.D. I am asked questions based upon the patient's care. The description of services in dispute includes continuation of physical therapy twice a week for four to six weeks. I have not evaluated this individual; therefore, recommendations are based upon reasonable medical probability in the broadest possible sense.

The mechanism is described in a medical record from Health System on xx/xx/xx. It is noted that this male was working for unloading a truck on xx/xx/xx, which was six days prior to presentation, and developed pain in his right shoulder. The patient was given a steroid pack after being seen in the emergency room on the Friday after his injury. The assessment was a right shoulder strain. There was a routine three view of the right shoulder obtained in the emergency room. The patient was placed on a Medrol Dosepak, light duty, and no overhead reaching for one week. M.D., was the evaluating physician.

The patient was returned to work at the light physical demand level as of September 21, 2010, with a 20-pound weight lifting restriction and no overhead reaching.

The patient was continued in this capacity on follow up of October 5, 2010.

An MRI of the right shoulder was performed. There was minimal fluid within the subacromial/subdeltoid bursa which could represent a minimal bursitis. There was possibly very minimal fraying to the bursal-sided fibers of the supraspinatus tendon not felt to be of any definite significance, however, could be related to a minimal injury which would explain the fluid within the

bursa. This was read by M.D. Therefore, it appeared to be incidental and not directly/causally related.

It is noted that the patient appeared to have symptomatic improvement on follow up of October 20, 2010. The patient was continued on Naprosyn as an anti-inflammatory agent. The patient was continued in a restricted capacity.

The patient's pain was seen to be still 6 out of 10 on follow up of October 27, 2010. The diagnosis was shoulder bursitis. The patient was continued in light duty.

There is an orthopedic consultation with M.D., from November 22, 2010. The assessment was continued right shoulder dysfunction secondary to SICK scapula syndrome. Dr. felt that a better physical therapy program was indicated. He recommended a follow up within six weeks. He anticipated a 95% improvement with the appropriate conservative care. In reading the MRI, Dr. corroborates my previous observation that "they really do not show any significant problem."

There is a follow up from January 5, 2011. The patient was seen to be doing much better. As a matter of fact and I am quoting from Dr. report, "Today, he is doing better and is pain free and normal range of motion. Dr. has released him for regular duty. Physical therapy for SICK scapular was not approved." The patient was advised to call if he had any problems.

The patient was felt to have reached maximum medical improvement as of January 6, 2011. The patient was not felt to have any basis of permanent impairment.

I have the original report of the right shoulder, three views, from September 21, 2010. This revealed no acute osseous abnormalities. This was read by M.D.

I have documentation that physical therapy was initiated at Outpatient Rehabilitation Center. Physical therapy at two to three times a week for four weeks is recommended, which would be a total of approximately 8-12 sessions. It is noted in the records that the patient had completed 12 sessions of physical therapy as of November 24, 2010, and per the evaluating reviewer, R.N. , this would appear to exceed the ODG Guidelines recommendations for the diagnosis listed, which would be ten sessions over an eight-week period.

I have no further documentation.

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

I am asked simply whether or not the previous continuation of physical therapy twice a week, which has previously been determined being neither reasonable nor necessary nor in accordance with the ODG Guidelines, is reasonable and necessary, and I uphold the adverse determination. This patient has exceeded what would be considered a reasonable course of therapy for the diagnoses listed. The imaging studies to include an x-ray of the shoulder, as well as an MRI, revealed very minimal findings and nothing that could be definitively attributed to an acute injury. There was evidence of bursitis, which is a non-specific finding. However, the overall anatomy of the shoulder was completely normal. The patient has previously been released by his treating physician to return to work in an unrestricted capacity, without an additional follow up scheduled. As such, I cannot corroborate any necessity for additional care or physical therapy, as this patient already appears to have achieved a return to his previous function. Therefore, the benefit is not corroborated.

I would like to thank you for the opportunity to review these records. Please do not hesitate to contact this office if there should be any further questions.

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)