



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 01/19/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy from 11/11/10 to 12/09/10

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

| <i>Primary Diagnosis Code</i> | <i>Service Being Denied</i> | <i>Billing Modifier</i> | <i>Type of Review</i> | <i>Units</i> | <i>Date(s) of Service</i> | <i>Amount Billed</i> | <i>Date of Injury</i> | <i>DWC Claim #</i> | <i>Upheld Overturn</i> |
|-------------------------------|-----------------------------|-------------------------|-----------------------|--------------|---------------------------|----------------------|-----------------------|--------------------|------------------------|
| 726.10 | 97014 | | Prospective | 12 | | | | | Upheld |
| 726.10 | 97035 | | Prospective | 12 | | | | | Upheld |
| 726.10 | 97110 | | Prospective | 12 | | | | | Upheld |
| 726.10 | 97124 | | Prospective | 12 | | | | | Upheld |
| 726.10 | 97140 | | Prospective | 12 | | | | | Upheld |
| 726.10 | 97530 | | Prospective | 12 | | | | | Upheld |
| 726.10 | 97113 | | Prospective | 12 | | | | | Upheld |
| 726.10 | 97530 | | Prospective | 12 | | | | | Upheld |

INFORMATION PROVIDED FOR REVIEW:

1. Certification of independence of the reviewer and TDI case assignment
2. TDI case assignment
3. Letters of denial, 11/12/10, 11/15/10, 11/18/10 including criteria used in the denial
4. Physician Review Recommendation, 11/12/10
5. Orthopedic evaluations, 11/05/10 and 11/09/10
6. Operative report, right shoulder arthroscopy, 09/15/10
7. Chiropractic re-evaluation 01/16/10

8. Chiropractic evaluations and follow up 2009
9. 02/2008 – 09/2009 records of orthopedic evaluations and follow up, occupational health evaluation and

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follow up, radiology and lab reports.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient underwent shoulder arthroscopy on 09/16/10 with decompression and arthroscopic cuff repair. The patient completed twelve postoperative physical therapy sessions and twelve more were recommended. A Peer Review on 11/12/10 recommended adverse determination for twelve more visits. The insurance company denied more due to the nature of the request. It included many modalities and procedures that were deemed unnecessary for shoulder injury such as aquatic therapy and continued passive modalities as opposed to active modalities. The operating surgeon saw the patient on 11/05/10 and felt the patient needed one more month of therapy to progress to conditioning and gave her a new prescription for therapy. The report is quite illegible, and did not specify exactly what modalities were requested. It spoke of range of motion, flexion, and strengthening, but it is quite illegible.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

The insurance company denials of the treatment request should be upheld as the request includes modalities such as aquatic therapy and passive modalities that would not be necessary for this patient at this time. Both denials suggested, if the requestor modified the request, more therapy would have been deemed appropriate for this patient. However, this was not done. Therefore, as such, the therapy, including all of the various subcomponents, does not conform to the ODG Guidelines and is not medically reasonable and necessary for this patient.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)