



## Medwork Independent Review

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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)*

**12/20/2010**

**DATE OF REVIEW: 12/20/2010**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

12 additional physical therapy left shoulder

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

Texas State Licensed MD Board Certified Occupational Medicine physician

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Texas Dept of Insurance Assignment to Medwork 11/30/2010
2. Notice of assignment to URA 11/30/2010
3. Confirmation of Receipt of a Request for a Review by an IRO
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 11/29/2010
6. letter 11/02/2010, 10/20/2010, 09/02/2010, note 09/28/2010, pre-auth 10/26 & 14-2010, note 10/14/2010
7. ODG guidelines were not provided by the URA

**PATIENT CLINICAL HISTORY:**

This is a man, who is 22 weeks status post arthroscopic surgery for left shoulder rotator cuff repair and subacromial decompression, secondary to a work-related injury on xx/xx/xx. Following surgery, the patient completed 24 sessions of physical therapy (PT) for rehabilitation. On his last PT evaluation, he was considered to have achieved 60-70% improvement in his condition with increased range of motion and muscle strength. He was recommended additional PT to further improve his functional capacity.



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

As per ODG physical therapy guidelines for rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.120), 24 visits over 14 weeks are recommended for post arthroscopic surgical treatment. This patient has completed 24 post-operative PT sessions and has achieved close to the normal active range of motion of the shoulder joint (flexion and abduction 90°; internal rotation 30°; external rotation: 45°). Once therapeutic benefit has been achieved, a home exercise program could be used for further gains; continuing supervised physical therapy may not be considered medically necessary. In the circumstances when continuation of supervised PT is deemed important, a clear explanation and rationale for any prolonged duration of care should be documented in the provider's medical notes. The records should also include a discussion of any barriers to medical and functional improvement of the patient. As per the ODG recommendations, no such documentation was noted in the reviewed records; therefore, the insurer's decision to deny the requested 12 additional physical therapy left shoulder is upheld.

### **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)