



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 10/26/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PT, 3 times per week for 4 weeks, to the right shoulder

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Medical necessity has not been demonstrated for the requested twelve sessions of physical therapy.

INFORMATION PROVIDED FOR REVIEW:

1. TDI Referral
2. URA notes, 9/16/11 to 10/12/11
3. Orthopedic, office notes, 4/6/11 to 9/15/11
4. Medical Center, office notes, 3/28/11 to 8/9/11
5. X-Ray, MRI of right shoulder, 3/22/11

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual sustained a right shoulder injury on xx/xx/xx. They underwent a reverse Bankart shoulder repair on 06/17/11, and 24 postoperative physical therapy sessions were provided. There is some residual pain and stiffness.

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

ODG allows for 24 sessions of physical therapy for dislocated shoulder. This has been provided. There is no indication that additional therapy is required. There is no rationale given for the request for aquatic therapy over land-based therapy. ODG are not met for the requested procedure.

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

(Check any of the following that were used in the course of your review.)

- 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.)